Health Care Program for Children in Foster Care

Resource Guide

Disclaimer

- The contents of this Resource Guideline are not all inclusive; the selected documents are meant to provide an overview of the Health Care Program for Children in Foster Care (HCPCFC), and to guide the reader to the other resources cited.

- The resources cited are from published laws and regulations, program policies and guidelines, etc. Where possible, primary sources (and web links) are provided.

- Printouts of web pages are only current as of the date of download; for the latest edition, please refer back to the agency or program's website.

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Section 1 - HCPCFC PROGRAM BACKGROUND

Program Background

HCPCFC Program Handbook 2000

California statutes and regulations mandate comprehensive healthcare, and its documentation, for the appropriate 110,000 children and 5,000 probation youth placed in California's foster care system. In the past few years, there have been a number of reports on the health care needs of these children, including the report issued in 1998 by the California Foster Care Children's Health Care Task Force, entitled *Code Blue: Health Services for Children in Foster Care.*

These reports indicate that the long-term effects of maltreatment, together with separation from biological parents, failure of professionals to identify and address medical and psychosocial problems, lack of continuity in health care, and frequent placement changes adversely impact the physical and psychological development of children in foster care. These reports identify the challenges in delivering health care to children in foster care that require overcoming the need to coordinate with multiple caregivers, multiple health care providers, and multiple agencies and organizations.

The Child Health and Disability Prevention (CHDP) program, under the direction of the Children's Medical Services (CMS) Branch of the California Department of Health Services (CDHS), has been working over the past years with community programs and agencies to identify the major obstacles that children in foster care face in gaining access to coordinated, multidimensional services.

Many child welfare agencies and public health departments have recognized that public health nurses (PHNs) are in the best position to develop and implement the recommendation in improving the health care of children in foster care outlined by the Child Welfare League of America and the American Academy of Pediatrics. Many county welfare agencies and probation departments have already adapted the multidisciplinary team approach to meet the complex needs of children in foster care.

In these instances, PHNs, funded through HCPCFC, work with the child's caseworker or probation officer as a team member to ensure that children in foster care, supervised by the county welfare department or probation department, receive all needed health care services. PHNs provide health care oversight of the physical, behavioral, dental, and developmental needs for all children in foster care, including those in out-of-county and out-of-state placements. They collaborate with welfare and probation department staff in providing training programs for health, child welfare, probation, and juvenile court staff.

References

The information listed in this reference section pertains to the establishment of the HCPCFC Program and the principles relating to its' operation.

Code Blue: Health Services for Children in Foster Care (1998)	Report by the California Foster Care (FC) Children's Task Force: that this group typically suffer serious health, emotional, and developmental problems, and the causes of these conditions are multiple. In addition, the trauma of family separation and frequent moves compound these conditions. Given these factors, foster children require and use health services more than other children, which they often fail to receive due to inadequate medical records and limited access to care. Recommendations of the Task Force included: develop a system of health care for children in FC, improve coordination and delivery of services in counties, and hire FC PHNs.
State Budget Act of 1999	Appropriated State General Funds (GF) to the California Department of Social Services (CDSS) for the purpose of increasing the use of PHNs in meeting the health care needs of children in foster care.
Assembly Bill 1111 (1999)	Enabling legislation for the HCPCFC. It defined the components of the program and added to the Welfare and Institutions (W&I) Code, Section 16501.3 (a) through (e).
W&I Code sec. 16501.3	As above; paragraphs (c) describes the duties of a FC PHN (see next section on PHN role).
CHDP Program Letter (PL) No. 99-6 (10/21/99)	Describes the HCPCFC Program (as provided for by the State Budget Act of 1999 and the W&I Code sec. 16501.3). It also states that the GF funds to CDSS "are being transferred to the Department of Health Services (DHS), CMS Branch, and will be distributed through the CHDP program in the form of an augmentation to the local CHDP program allocations." CDSS and DHS developed a Memorandum of Understanding (MOU) to ensure the availability of

	federal matching funds, which are available only to DHS as the single state agency (for Medicaid). The CHDP PL also includes information and instructions for implementing the HCPCFC Program at the local level: model MOU, Letter of Agreement (for January 1, 2000 through June 30, 2000), Scope of Work (SOW), Allocation of State Dollars (developed by CMS and CDSS), FC-PHN Budget Information and Guidelines, and the Baseline Staffing Assessment (1999).
All County Information Notice (ACIN) No. I-55-99 (9/2/99) CHDP PL No. 99-6	<u>Hiring, Supervision and Funding</u> "The PHNs will be located at local county welfare offices. They will be hired by the local health department and will be funded and supervised through the local CHDP program" (see also CMS Plan and Fiscal Guidelines (PFG) Section 6; also Health and Safety Code Section 124065).
ACIN I-55-99 CHDP PL 99-6	<u>Duties</u> "Specified in a proposed SOW…designed to maximize federal participation in allowable administrative costs. As Skilled Professional Medical Personnel (SPMP), PHNs are eligible for a 25/75 match of state and federal dollars" (see also Federal Financial participation) [FFP], below). "PHNs will <u>not</u> be funded through this program to provide direct services to children." "Health care services for children in out-of-home care must be proved to every child, who receives Aid to Families with Dependent Children (AFDC)-Foster Care payment, regardless of that child's legal status."
W&I Code 16501.3	(c)…duties may include, but need not be limited to the following: 1) collecting health information…to determine appropriate referral and services 2) participating in medical care planning and

	coordinating…interpreting the results of health care assessments…advocating for the health care needs of the child… 3) providing follow-up contact to assess the child's progress in meeting treatment goals. (d) The services provided by the PHN under this section shall be <u>limited to those for which reimbursement may be claimed under Title XIX at an enhanced rate</u> for services delivered by Skilled Professional Medical Personnel (SPMP)
CMS PFG, Section 6 Budget	Describes the HCPCFC Administrative Budget funding source: State General Fund plus Federal matching funds. This covers the following expenses: Personnel (County/City staff salaries, wages, benefits), Operating (travel, training), and indirect (internal administrative overhead costs)
CMS PFG, Section 9 FFP	FFP – time study instructions for Enhanced 25/75, SPMP), and Non-enhanced (50/50, non-SPMP) Title XIX Medicaid Funding. Describes the time study function codes: <u>Non-SPMP (non-enhanced)</u> Code 1- Outreach Code 4 – Non-SPMP Intra/Interagency Coordination Code 5 – Program Specific Administration Code 7 – Non-SPMP Training Code 10 – Non-Program Specific General Administration Code 11 – Other Activities Code 12 – Paid Time Off <u>SPMP (enhanced)</u> Code 2 – SPMP Administrative Medical Case Management Code 3 – SPMP Intra/Interagency Coordination Code 6 – SPMP Training Code 8 – SPMP Program Planning and Policy Development Code 9 – Quality Management by SPMP <u>Non-claimable</u>

	See Section 9

Code Blue

The following website is the link for the report entitled, *Code Blue: Health Services for Children in Foster Care*, created by California Foster Care Children's Health Care Task Force.

http://www.dhs.ca.gov/pcfh/cms/hcpcfc/pdf/codeblue.pdf

Program Overview References
(Historical Program Implementation):

CHDP Program Letter 99-6 (October 21, 1999)

The following link is the CHDP Program Letter that discusses the establishment of the Health Care Program for Children in Foster Care.

http://www.dhs.ca.gov/pcfh/cms/onlinearchive/pdf/chdp/programletters/1999/chdppl9906.pdf

HCPCFC Model Memorandum of Understanding

Suggested Areas of Responsibility for Child Health and Disability Prevention (CHDP) Public Health Nurses (PHNs) and Child Welfare Service (CWS) Agency Social Workers and Probation Officers in the Health Care Program For Children In Foster Care (HCPCFC)

County/City: Effective Dates:

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Location	• PHN will be located in the CWS agency with accessibility to all team members.	• PHN will be located in the CWS agency with accessibility to all team members servicing children in foster care, including any PHNs currently working in CWS.
Supervision	• PHN will be supervised by supervising PHN in the local CHDP Program with input from CWS agency staff.	• CWS agency/Supervising Probation Officer will provide input to the supervising PHN.
Accessing Resources	• PHN will identify health care providers in the community. • PHN will evaluate the adequacy, accessibility and availability of the referral network for health care services and collaborate with CHDP staff to identify and recruit additional qualified providers. • PHN will serve as a resource to facilitate (e.g., assist in scheduling appointments, arranging transportation, etc.) referrals to early intervention providers, specialty providers, dentists, mental health providers, California Children Services (CCS) and other community programs. • PHN will assist PHNs in the child's county of residence to identify and access resources to address the health care needs of children placed out-of -county.	• CWS agency Social Worker/Probation Officer will work with PHN to ensure that all children in foster care are referred for health services appropriate to age and health status on a timely basis. • CWS agency Social Worker/Probation Officer will work with the substitute care provider (Foster Parent) and the PHN to identify an appropriate health care provider for the child. • CWS agency Social Worker/Probation Officer will work with the PHN to ensure that children placed out-of-county have access to health services appropriate to age and health status.

County/City: Effective Dates:

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Health Care Planning and Coordination	• PHN will interpret health care reports for social worker/probation officers and others as needed. • PHN will develop a health plan for each child expected to remain in foster care. • PHN will work with substitute care provider to ensure that the child's Health and Education Passport (HEP) or its equivalent is updated. • PHN will assist substitute care providers in obtaining timely comprehensive assessments. • PHN will expedite timely referrals for medical, dental, developmental, and mental health services. • PHN will assist social worker/probation officer in obtaining additional services necessary to educate and/or support the foster caregiver in providing for the special health care needs, including but not limited to Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT-SS). • PHN will obtain and provide health care documentation when necessary to support the request for health care services. • PHN will collaborate with social worker/probation officer, biological parent when possible and substitute care provider to ensure that necessary medical/health care information is available to those persons responsible for providing healthcare for the child, including a copy of the HEP to the substitute care provider. • PHN will assist social worker/probation officer to assess the suitability of the foster care placement in light of the health care needs of the child. • PHN will collaborate with the social worker/probation officer and substitute care provider to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc. • PHN will review child's health plan with social worker/probation officer as needed and at least every six months.	• Child's Social Worker/Probation Officer will collaborate with PHN to develop a health plan which identifies the health care needs and service priorities for each child expected to remain in foster care for 6 months or longer. • Social Worker/Probation Officer or designee will incorporate the health plan into the child's case record. • Social Worker/Probation Officer will assemble and provide health care documentation to the court when necessary to support the request for health care services. • Social Worker/Probation Officer will collaborate to complete and keep current the child's HEP or its equivalent and provide a copy of the HEP to the substitute care provider. • Social Worker/Probation Officer will consult with the PHN to assess the suitability of the foster care placement in light of the health care needs of the child. • Social Worker/Probation Officer will collaborate with the PHN and substitute care provider to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc. • Social Worker/Probation Officer will review child's health plan with PHN at least every six months and before every court hearing. Relevant information will be incorporated into the HEP and court report.

County/City: Effective Dates:

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Training/Orientation	• PHN will participate in developing and providing educational programs for health care providers to increase community awareness of and interest in the special health care needs of children in foster care. • PHN will educate social workers, juvenile court staff, substitute care providers, school nurses and others about the health care needs of children in foster care.	• CWS agency staff/Probation Officers will provide input to PHN in developing curriculum for training others about health care needs of children in foster care. • CWS agency staff/Probation Officers will collaborate with PHNs in educating juvenile court staff, substitute care providers, and others about the health care needs of children in foster care. • CWS agency personnel will arrange for PHN access to the Child Welfare Services/Case Management System (CWS/CMS) system and provide training in its use.
Policy/Procedure Development	• PHN will provide program consultation to CDSS/ Probation Departments in the development and implementation of the EPSDT/CHDP Program policies related to the Health Care Program for Children in Foster Care. • PHN will participate in multi-disciplinary meetings for review of health-related issues.	• CWS agency staff/Probation Officers will include the PHN in team meetings and provide orientation to social services and consultation on CWS/CMS.
Transition from Foster Care	• PHN will provide assistance to the Social Worker/Probation Officer and the child leaving foster care on the availability of options of health care coverage and community resources to meet the health care needs upon emancipation.	• CWS agency staff/Probation Officers will collaborate with PHN to assure person leaving foster care supervision is aware and connected to resources for independent living.

County/City: Effective Dates:

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Quality Assurance	• PHN will conduct joint reviews of case records for documentation of health care services with CWS agency/Probation Department. • PHN will work with CWS agency/Probation Department to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team. • PHN will establish baseline data for evaluating health care services provided to children in foster care.	• CWS agency staff/Probation Officers will conduct joint reviews of case records for documentation of health care services. • CWS agency/Probation Department will work with PHN to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team. • CWS agency/Probation Officers will collaborate and assist PHN in gathering data.

This Memorandum of Understanding is in effect from July 1, 20__ through June 30, 20__ unless revised by mutual agreement. In the event that changes in Federal or State requirements impact the current Memorandum of Understanding, the local health department, social services department, and probation department agree to renegotiate the pertinent section within 90 days of receiving new instructions from the State.

Public Health Director or Child Health and Disability Prevention Program Director — Date

County Social Services Director or County Child Welfare Service Agency Director — Date

Chief Probation Officer — Date

Sample Scope of Work

http://www.dhs.ca.gov/pcfh/cms/onlinearchive/pdf/chdp/programletters/1999/chdppl9906.pdf (see enclosure 3 in program letter)

Sample PHN Duty Statement

http://www.dhs.ca.gov/pcfh/cms/onlinearchive/pdf/chdp/programletters/1999/chdppl9906.pdf (see enclosure 5b in program letter)

All County Information Notice I-55-99 (September 2, 1999)

"New Foster Care PHN Program in County Welfare Departments":
http://www.dss.cahwnet.gov/getinfo/acin99/I-55_99.pdf

All County Letter 99-108 (December 21, 1999)

"Instructions Regarding Local MOU for HCPCFC"
http://www.dss.cahwnet.gov/getinfo/acl99/99-108.PDF

Section 2 - CURRENT OPERATIONS

Websites

Health Care Program for Children in Foster Care (HCPCFC)

The HCPCFC website provides a program overview, resources, a public health nurse directory, event calendar and other information regarding the Program.

http://www.dhs.ca.gov/pcfh/cms/hcpcfc/overview.htm

Child Health and Disability Prevention (CHDP)

The CHDP website provides an overview, eligibility criteria, a program directory, letters, notices and other information regarding the program.

http://www.dhs.ca.gov/pcfh/cms/chdp/

Children's Medical Services (CMS)

The CMS website has links to the various programs in CMS.

http://www.dhs.ca.gov/pcfh/cms

Child Welfare Services/Case Management System (CWS/CMS)

This website was designed with the needs of child welfare workers and provides timely and accurate information concerning CWS/CMS related issues.

http://www.hwcws.cahwnet.gov

CMS Plan and Fiscal Guidelines (PFG)

The PFG contains information and instructions for the county CMS programs to prepare their budget plans.

http://www.dhs.ca.gov/cms/pfg.htm

Selected sections and pages of the PFG related to HCPCFC

Section 1 - CMS Branch and Program Descriptions
Section 4 - Data Forms (Additional Guidance Information listed below)
Section 5 - MOU and IAA (Sample MOU Available Section 1)
Section 9 - FFP (Federal Financial Participation)

Section 4 Data Form Examples

The Data Forms help each county to evaluate its program needs, performance, and trends.

The five Data Forms Examples for Inclusion in County Budget Plans should include the following information: (1.) Description of Child and Health Services Needed (more than one sentence); (2.) Intervention and Coordination of Care, to include demonstration of multidisciplinary collaboration of PHN and documentation in the HEP; (3) the results of the PHN's interventions that demonstrate the positive outcome or effect for the child and family. *Examples should NOT document "direct care" provided to the child or family by the PHN.* As "administrative" care coordinators, HCPCFC PHNs should refer any direct care needed by the child/family to the field PHNs.

Section 4 of the PFG has instructions which will include the expectations for examples, such as:

- Reflecting diversity of local program area and resources (urban/rural, resource deficits)
- Reflecting diversity among children's needs such as age, ethnicity, transitional, medical home coordination/collaboration, placement through probation or child welfare
- Illustrating the complexities in a concise way according to the major headings of the example:
  - ∞ Child (Initials, age, type of placement) and health services needed;
  - ∞ The intervention and coordination of care; and
  - ∞ The results demonstrating the outcome for the child.

HCPCFC Executive Subcommittee Guidelines

This guideline was drafted by the HCPCFC Executive Subcommittee and approved by the CHDP Executive Committee in March 2003.

Consultation and Care Coordination for Out-of-County Placements

The purpose of this guideline is to assure statewide uniformity for peer to peer Foster Care Public Health Nurse (FC-PHN) consultation and health care coordination for children/youth placed outside of their county of jurisdiction or transferred into a new county of jurisdiction**.**

On behalf of the child, FC-PHNs work collaboratively with a variety of persons and systems to assist the caseworker to assure:

- Timely communication with the foster care team members;
- Relevant consultation on health care needs;
- Effective collaboration with the principle parties involved in case supervision and provision of services; and
- Accurate and timely documentation in the case record.

GOAL:

Each child in out-of-county placement shall receive timely and appropriate health care services consistent with the case plan.

GUIDELINE:

To accomplish this goal, FC-PHNs will collaborate with their FC-PHN counterparts and foster care team members in the relevant counties to ensure that the health care needs are addressed and documented in the Child Welfare System/Case Management System (CWS/CMS), Health and Education Passport (HEP) or its equivalent. Specifically,

1. The caseworker and the FC-PHN in the county of jurisdiction are responsible for care coordination to ensure health care services are obtained and documented for the child/youth in the county of placement. The FC-PHNs in the counties of jurisdiction and placement will notify and consult with each other on the needed care coordination activities once they become aware of the out-of-county placement status of the child.

2. The FC-PHN in the county of placement will provide a list of health care providers and information on community support service contacts to the county of jurisdiction foster care team as needed. Further involvement in care coordination, i.e. facilitating referrals, follow-up on health services needs, and consultation with the substitute care provider will depend upon the complexity of the health

services needs and the availability of the FC-PHN in the county of placement for these activities.

PROCEDURE:

Situation 1. When the jurisdictional responsibility for the child/youth is <u>transferred</u> from one county to another county, full financial responsibility for case supervision and services become the responsibility of the new county of jurisdiction.

1. The FC-PHN and caseworker in the county of jurisdiction work together to address health care needs and keep the HEP up-to-date.

2. When notified of the transfer-in, the FC-PHN in the new county of jurisdiction may contact the FC-PHN in the previous county to confer on the health care services needs of the child/youth.

Situation 2. When the child/youth is <u>placed</u> outside of the county of jurisdiction, the original county Juvenile Court maintains responsibility even though the placement is in another county. The case stays with the caseworker in the original county of jurisdiction. Health services are usually provided in the county of placement.

1. The FC-PHN and caseworker in the county of jurisdiction assure health care needs are addressed and documented in theCWS/CMS, HEP or its equivalent.

2. The FC-PHN in the county of placement will provide a list of current medical, dental, developmental and mental health providers.

3. The FC-PHN in the county of placement may be requested to:
   a. consult on the availability of health services in the county of placement
   b. provide updates as often as needed,
   c. participate in case conferences as necessary, and
   d. assist with the documentation of services.

Situation 3. When the child/youth is <u>placed</u> outside of the county of jurisdiction, the original county Juvenile court maintains responsibility and then <u>contracts</u> with the county of placement for selected supervision and services. Case supervision and services are outlined in the written agreement (contract) between the contracting counties. Health services are usually provided in the county of placement.

1. The FC-PHN in the county of jurisdiction will work with the caseworker to assure health care needs are addressed and documented in CWS/CMS, HEP or its equivalent.

2. The FC-PHN and caseworker in the county of jurisdiction assure that all health information including the HEP is sent to the county of placement in a timely manner.

Note: Key to the success of FC-PHN consultation and care coordination is prompt notification from the case worker of the location of the child/youth and the terms of the written agreement regarding the health care services.

KEY ELEMENTS TO SUPPORT THE PROCEDURES

FC-PHNs must have:

- **Access to past, current and future health care needs and services information for the child/youth**;

- **Contact with the sending/ receiving caseworker and sending/receiving FC-PHN** responsible for the case planning, supervision and services. Prompt communication through the use of the telephone, FAX and/or CWS/CMS;

- **Information on the jurisdiction and current placement** from the caseworker who is requesting health services consultation for a child/youth. Timely and accurate notification of changes in placement is essential (Child Welfare System/Case Management System or contact with the child welfare services supervisor);

- **Access to caseworker** for consultation on health issues i.e. Medi-Cal eligibility determination, Medi-Cal aid code transfer, Medi-Cal Managed Care Plan dis-enrollment and secondary residence assignment, removal of Other Health Coverage code from the Medical Eligibility Data System (MEDS);

- **Active knowledge of the provider resources and community support services** available to provide services to children/youth in foster care within the county of placement; and

- **Access to local CHDP program personnel** for information on the provider network and the coordination of resources for the child/youth as needed.

Continuity of Care and Case Coordination

This guideline was drafted by the HCPCFC Executive Subcommittee and approved by the CHDP Executive Committee on January 18, 2006.

To assure the continuity of care and case coordination for public health nurses funded by Child Health and Disability Prevention, Health Care Program for Children in Foster Care, and Child Welfare Services

The Foster Care Public Health Nurse will:

1. Participate as a team member to maintain child health, well being and safety as a priority.

2. Establish program mission, goals, and objectives and share between PHN programs social workers and probation officers for which we provide consultation.

3. Have available at worksite, program policies and procedures to include; scope of work, memorandum of understanding, guidelines and duty statement as a resource to provide clarification about program duties and responsibilities.

4. Determine Public Health interventions and focus levels based on a recognized public health nursing interventions model, such as the Minnesota DHS PHN Section's Public Health Nursing Interventions Model, * to improve the health status of foster children.

5. Communicate changes in program goals and objectives to all PHNs working in Child Welfare/Juvenile Probation.

6. Attend multidisciplinary/case conferences as a PHN consultant to improve communication between disciplines and advocate for children's health care needs.

7. Provide resources and referrals for professionals and caregivers to support the health care needs of children in Child Welfare.

8. Attend Social Worker/probation officer unit meetings to promote a team approach between PHNs and Social Workers/Probation officers.

9. Provide outreach and education to social workers/probation officers, care providers, foster youth and the community regarding the health care needs of the foster child and how to access foster care PHN services.

10. Promote continuity of care for children with special health care needs as the child/youth transition through the child welfare and juvenile probation systems.

11. Assess health care needs of children within the Child Welfare system and participate within the multidisciplinary team to ensure the coordination of and access to health care.

12. Ensure the integrity of the health information documented in the Health and Education Passport or its equivalent.

13. Maintain updated PHN rosters and share with appropriate disciplines.

14. Network with other PHNs within the child welfare and probation systems to maintain consistency of practice.

Working in the Probation Department

This guideline was drafted by the HCPCFC Executive Subcommittee and approved by the CHDP Executive Committee on January 18, 2006.

The following guidelines are for the Public Health Nurse (PHN) working in the juvenile probation departments. The target population is probation youth placed in out of home care.

The Foster Care PHN will:

1. Consult with the Probation Unit, Probation officers (PO) to the probation placement unit, group homes (both in-county and out-of-county), Substitute Care Providers (SCP), and medical/dental providers to advocate for the health care needs of youth in out of home placement.

2. Assist group homes/SCP in obtaining initial and annual comprehensive exams in a timely manner and assist in referrals for youth who need medical, dental and mental health services.

3. Serve as an administrative case manager to assist/facilitate referrals to early intervention providers, specialty providers, dentists, mental health providers and community programs/resources interpret medical reports for PO's, juvenile court officers, substitute care providers and group home staff.

4. Assist PO in initiating and maintaining the Health and Education Passport (HEP) or equivalent for each probation youth in out of home placement.

5. Orient/train PO regarding the role of the FCPHN working in probation in relationship to the health care needs of the youth, local medical and dental resources, Medi-Cal benefits, and the HEP.

6. Provide training for local group homes regarding the role of the FCPHN and preventive health care requirements for the youth.

Content, Review and Update of the Health and Education Passport

This guideline was drafted by the HCPCFC Executive Subcommittee and approved by the CHDP Executive Committee on January 18, 2006.

The following guidelines are for the use of the Public Health Nurse (PHN) working in Child Welfare Services (CWS) or Juvenile Probation. The guidelines pertain to content, update and review of the Health component of the Health and Education Passport (HEP) or its equivalent. The HEP is referred to as the Health and Education Summary in the Welfare and Institution Code, Section 16010. All guidelines are designed to meet the health information requirements of that section. Appropriate subsections are referenced as applicable.

Content of the health passport

1. Per W and I Code Section 16010. (a) the health passport is to include, but not be limited to:
   - health providers names and addresses
   - dental providers names and addresses
   - immunizations
   - allergies
   - known medical problems
   - current medications
   - past health problems
   - past hospitalizations
   - relevant mental health history
   - known mental health conditions
   - other relevant, mental health, dental or physical health information.

"*If any other provision of law imposes more stringent information requirement, then that section shall prevail*."

2. Information for the Court

   - Per W and I code Section 16010. (b) The Health-Education Passport shall be included with the court reports regarding adoption, guardianship, permanency reviews, supplemental reports, status review, Kin Gap eligibility, or return to the biological parents. (Court reports required pursuant to subdivision (g) of Section 361.5 Section 366.1 subdivision (d) of Section 366.21, or subdivision (b) of section 366.22)

- The role of the PHN is to ensure HEP content integrity. Current information in the passport will allow CWS/probation to access and print the HEP for inclusion with court reports.

3. Information for the Substitute Care Provider

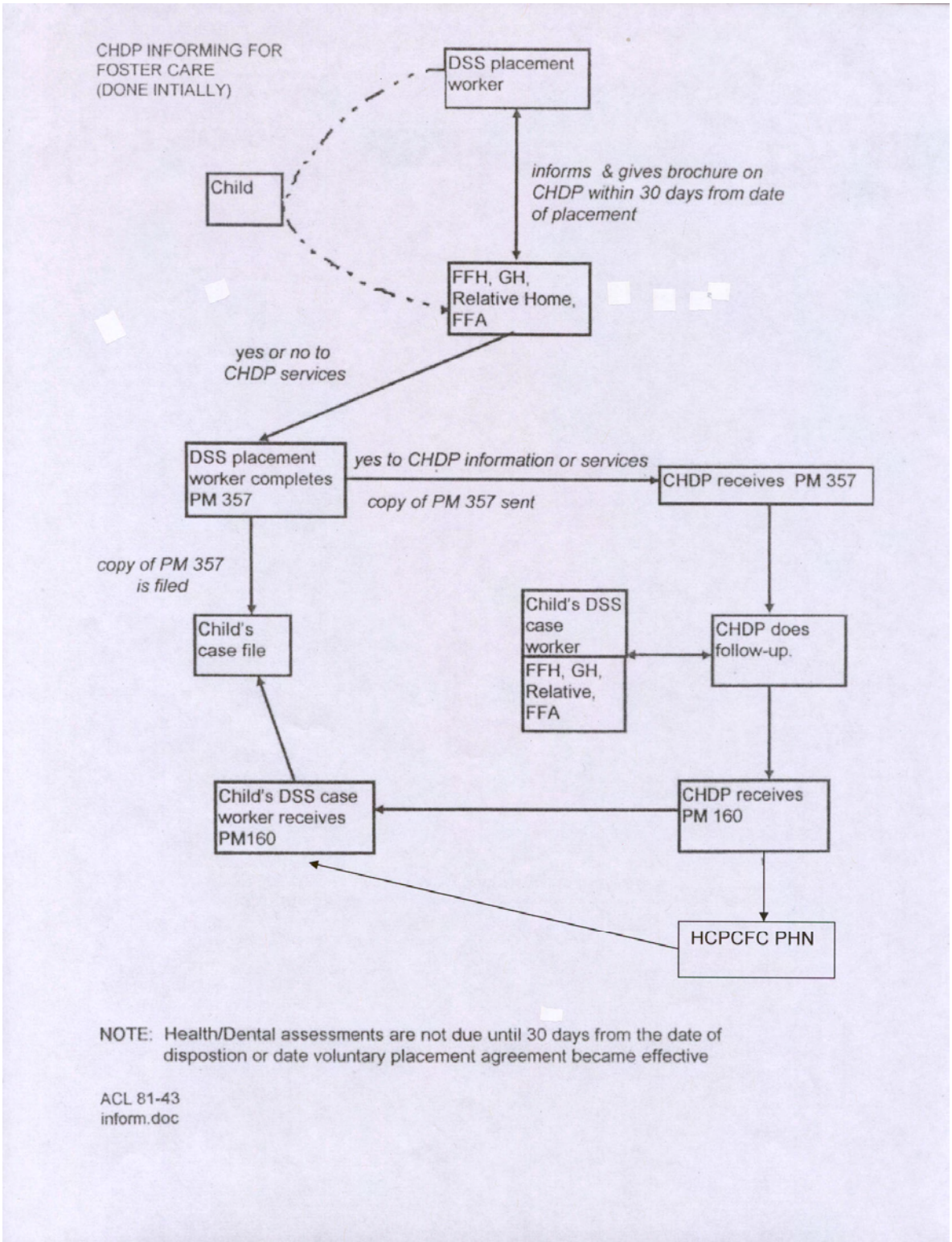
- Per section 16010. (c) as soon as possible, but not later than 30 days after initial placement of a child into foster care, the child protective agency shall provide the caretaker with the child's current health and education summary as described in subdivision (a). For subsequent placements the child protective agency shall provide the summary within 48 hours.

4. Updates to the Health Passport

- As discussed in section 16010. (e) On each required visit the child protective agency or its designee family foster agency shall inquire of the caretaker regarding medical updates. These updates shall be incorporated into the health passport as appropriate, but not later than the next court date or within 48 hours of placement change.

- Information about child's mental, physical, dental and education status are obtained from the biological parents or guardians based on court directive at the detention initial hearing as outlined in section 1610. (f).

CHDP Informing for Foster Care (diagrams)



NOTE: Health/Dental assessments are not due until 30 days from the date of dispostion or date voluntary placement agreement became effective

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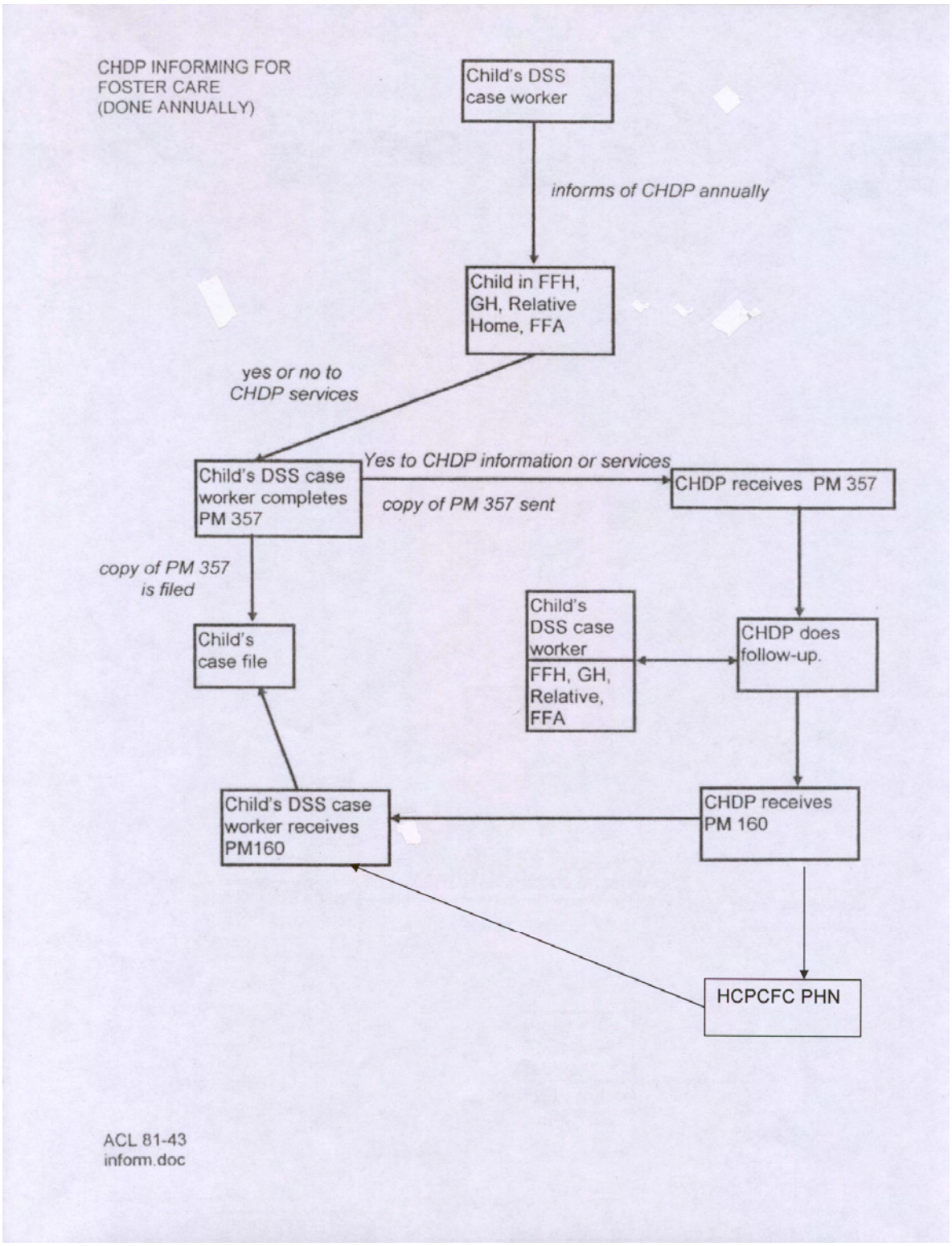
CHDP INFORMING FOR FOSTER CARE (DONE ANNUALLY)
Child's DSS case worker
informs of CHDP annually
Child in FFH, GH, Relative Home, FFA
yes or no to CHDP services
Child's DSS case worker completes PM 357
Yes to CHDP information or services
copy of PM 357 sent
CHDP receives PM 357
copy of PM 357 is filed
Child's case file
Child's DSS case worker
FFH, GH, Relative, FFA
CHDP does follow-up.
Child's DSS case worker receives PM160
CHDP receives PM 160
HCPCFC PHN
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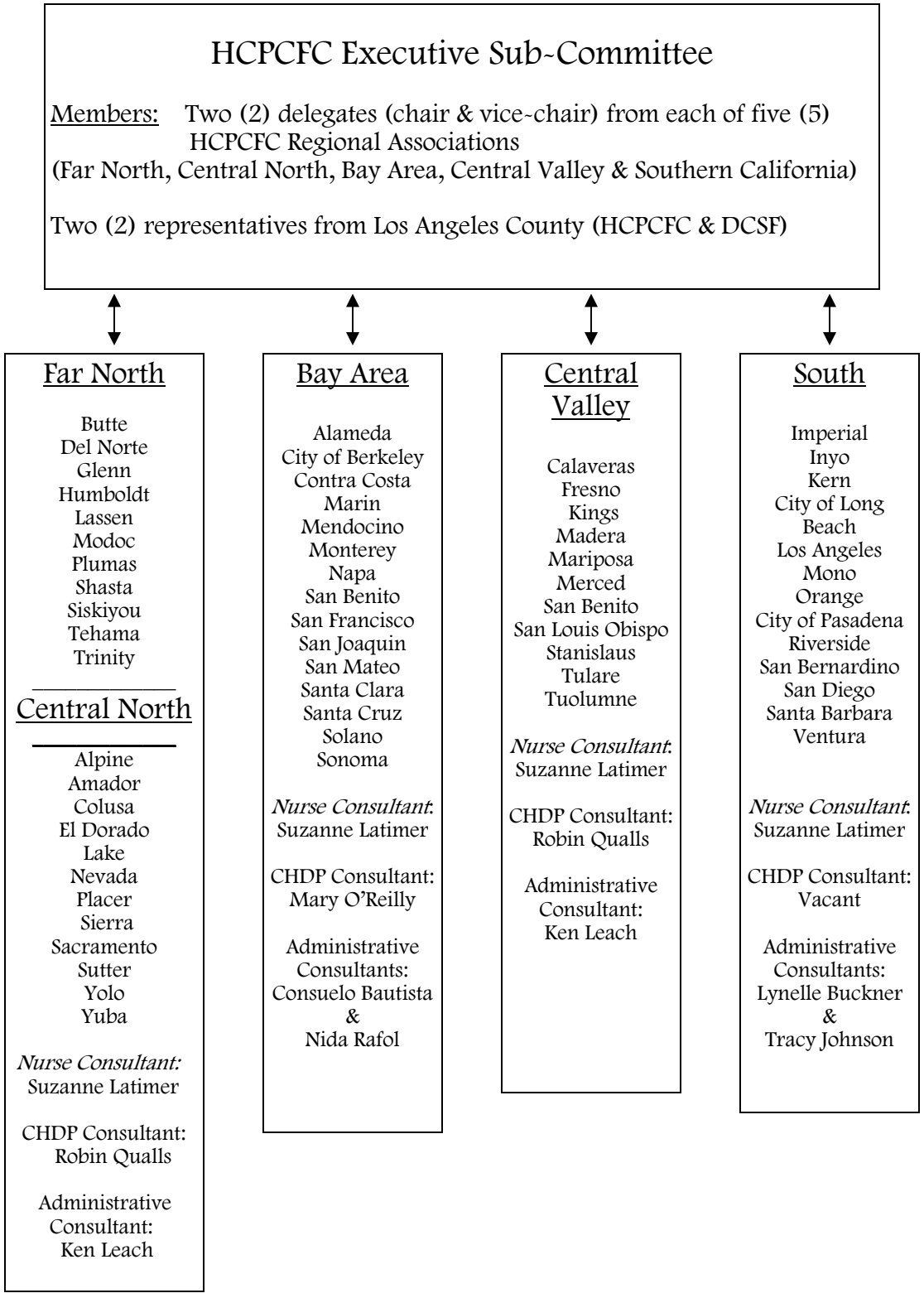
Foster Care PHN Regional Associations

The following diagram indicates the composition of the HCPCFC Executive Sub-Committee.



Health Education Passport (HEP) Training

New user training link:

http://www.hwcws.cahwnet.gov/Training/NU_curr.asp

SAN BERNARDINO COUNTY
REVISED CWS/CMS HEP INPUT INSTRUCTIOINS

(Please note these instructions were developed and are currently used by San Bernardino County for accessing and inputing data into the CWS/CMS HEP. These instructions may vary by county due to the data system used. Areas highlighted in yellow indicate decisions made by San Bernardino County to handle problems or provide local examples which may not be appropriate for every county).

I. Locate the child's case
   A. Search for the child
      1. Click on *Client Services* (Teddy Bear)
      2. Click on the *SEARCH* drop down menu
      3. Click *START SEARCH*
      4. Search type should be *Client*; if not select *Client*.
      5. Type in first name, last name, gender and if a common name, birth date in lower box. The birth date must be written in as 01/02/1994. The computer will provide the /.
      6. Click on "*OK*" button. (Be patient, you may need to wait up to a minute for the system to do the search. You may get a message that states "No Hits" which mean that the system couldn't locate the child you requested.
      7. Once search is completed-One or more names will show on the screen. Select the correct name from the list and double click on that line.
      8. Dialog box asking if you want to open the Abstract. Click on *Yes*.
      9. Once abstract is on screen, click on *ASSOCIATED* drop down menu.
      10. Click on OPEN *ASSOCIATED CASES*.
      11. Dialog box will have a list of the child's and sibling's cases. Be sure to highlight (by clicking on the line) the child's case which doesn't have an end date. Then click on *OK*.
   B. If you have the child CWS/CMS case number
      1. Click on *FILE* for drop down menu.
      2. Click on *FIND FOLDER*.
      3. Type in case number and click on *OK*.
      4. Dialog box asking if you want to see the case. Click on *Yes.*
II. Recording Providers and Routine exams.
   A. Clink on the Blue button (*Client Management Services*)
   B. Since we frequently get more than one report of an exam, open the well child page to see if the exam has already been recorded.
      1. Click Open Existing Health Notebook (Picture of syringe, red cross and

immunization card)

2. You will get a dialog box, click on child's name in Open this Client and then click on *OK*.
3. Click on the *Well Child* tab. If not present, click on the ➢ at the end of the page tab line to reveal the *Well Child* tab.
4. Check if exam has been recorded
   a) If yes, check if there is any additional information on the form you just received and add
   b) If no, continue

C. Check if the MD proving the service if listed on the service provider page
1. Click Open Existing Client (Picture of person standing beside a family picture)
2. You will get a dialog box, click on child's name in Open this Client and then click on OK.
3. Click on the *Service Provider* tab. If not present, click on the ➢ at the end of the page tab line to reveal the *Service Provider* tab.
4. Look for the Service Provider name.
   a) If provider name is present, go to *D* below.
   b) If provider name is not present, follow the directions below.
      (1) Click on the + in the Service Provider box at the top left of the page. This will bring up the dialog box.
      - If the providers name is present, click on name of the medical provider, Click on OK. (You can click on more than one name.)
      - If the providers name is not present
      - Click on the binoculars in the top left of the dialog box.
      - Enter the information requested and click on *OK*. If the dialog box clears, you will find the name on the list. Click on OK (If information is not complete and you have more information, you can click on the orange button, click on *Open Existing Service Provide* (picture of cornucopia*)*, you will get a dialog box, click on the provider that you want to complete, click on *OK*, make your addition or correction, click on the second X down in the upper right corner or use the Window drop down to return to the *Service Providers* page.)
      - If get dialog box, stating "No matches were found for search on <>." Try again with more or less information, if still not found, follow directions below to add to system.
        - Click on the Orange button. *Service Management Section*
        - Click on the + for *Create New Service Providers* (below picture of cornucopia.)
        - Click on the ⩛ for *Service Provider Category* for drop down list and select appropriate category.
        - Move about the page by clicking on the different lines or tabbing. Complete as much information as you have re: provider's name, title, agency, and phone number. (First

name is a mandatory field if you don't have Agency name so if you can't find the providers first name and don't have or know the Agency use Dr.) If you don't have the specific provider's name but know the agency such as SBCMC or St. Joseph fill in the Agency and the provider's name, first and last will no longer be mandatory. (Fields that are mandatory are yellow.)

- Click on the *Address* Page tab. Tab or click on Number and complete as much information as you have. Either click on the X in the second row or use the Window drop down to return to the Service Provider page.
- The name will appear with all the information about the provider. Click OK.

(2) *Start date* must be completed. Use the date of service. (If you don't know date of service, use today's date.)

(3) Complete *End Date* for all past providers. Click on the line to be edited. Recording an end date on any exiting service provider in the list will move them from Current to Past provider on the HEP. (If you don't know end date, use today's date.)

D. Click on the Orange button (*Services Management Section)*

E. Click on the + to open a *New Contact* Notebook (below picture of rolodex).

1. You will get a Dialog box, Click on child's name to highlight and then on *OK*. (If you have medical/dental reports on siblings you can click on more than one name.)
2. This will open the page and bring you to *Staff Person,* should have your name. If it doesn't you will need to do a search clicking on the square to the left of Staff Person.
3. Click on ⩛ at the end of *Start Date*. This will give you a Calendar, click on today's date. This will automatically fill the *End Date*. (Double click will allow you to type in the date)
4. Click in the box or on ⩛ at the end of *Contact Purpose* to get drop down list. Click on Consult with Service Provider.
5. Click in the box or on ⩛ at the end of the *Method* box to get drop down list and click again on choice. If you tab to the box, you can type the first letter as follows: e = E Mail, f = Fax,i = In-Person, t = Telephone, w = Written
6. Location is optional and usually not appropriate.
7. Click in the box or on ⩛ at the end of *Status*, click on Completed. If tab to box, you can type the letter c to get Completed.
8. Click on the + on the top left corner of the *Participants* box. Will get a Dialog box. Click on ⩛ for Participant Type to get drop down list and select Service Provider. The name of provider will be present, click on the name(s) of the provider(s) and click on the *OK* Bar.
9. Don't click on or tab over the *On Behalf of Child* box, if the child's name is there. If the child's name is not there, click on the +. You will get a Dialog box, click on the child's name to highlight and click on *OK*.

10. If desired, tab to or click anywhere in the narrative box. You will be able to type up to 4,000 characters. Information typed in this area doesn't go to the HEP.

F. Click on the Associated Services Tab to get the *Associated Services* page.
   1. Click on the + in the upper left hand corner of the *Associated Services* box.
   2. If you received your information via mail and you have a hard copy to send to the chart, click on box or words *Hard Copy on File*.
   3. Tab to or click on *Start Date*. Complete with date that services were provided. If you click on the ⩛, you will get the calendar that you can use if you want. (Double click will allow you to type in the date.)
   4. The End Date will automatically fill.
   5. Click in the box or on the ⩛ at the end of *Service Category,* click on Health/CHDP Services. If tab to the box, can type h to get Health/CHDP Services.
   6. Click in the box or on the ⩛ at the end of Se*rvice Type,* click on your choice from the drop down list. (When recording annual exams use *HEP-CHDP Equivalent Physical Exam* or *HEP-CHDP Physical Exam* for physical exams and *HEP- Periodic Dental Exam* for the dental exams. For sick visits choose Medical Visit for the type and for dental care not an exam choose Dental visit.)
      a) If you choose *HEP-CHDP Equivalent Physical Exam*, *HEP-CHDP Physical Exam* or *HEP-Periodic Dental Exam* you will get a dialog box chose the child name and OK. (If you have chosen multiple children in the initial dialog box for the contact page (in step E.1.) choosing one name will clear the others from the *On Behalf of Child* box as well as place the child's name in *Service Recipient* box.)
      b) If you choose Medical or Dental visit,
         (1) Click on the + in the top left corner of the *Service Recipient* box. You will get a dialog box, click on child's name to highlight and then click on *OK*.
         (2) If you have chosen multiple children in initial dialog box for the contact page [in step E.1.] you will need to delete others from the *On Behalf of child* box.
         (3) Click on the dot or the words Service Provider.
   7. Click in box or on ⩛ on Provider Name and click on the provider's name.
   8. Tab past or don't click on *Other Participants*, you don't need this area.
   9. If you have chosen Medical or Dental visit, you place pertinent information in the narrative box and/or go to the Health Notebook and add information to Summary, Diagnosed Condition, Medication, Hospitalization, Medical Test, Referrals or Immunization pages as appropriate. See directions below.
   10. if you have chosen *HEP-CHDP Equivalent Physical Exam, HEP-CHDP Physical Exam* or *HEP-Periodic Dental Exam*, *Well Child Exam* Bar becomes active at this point

G. Click on the *Well Child Exam* bar, to get the Well Child Dialog box.

1. The age box will be calculated using the child's birth date and *Start Date* of the exam. If an estimated DOB was entered on the Client ID page, the EST. DOB indictor box will be checked.
2. Record Height using standards abbreviation: in for inches, cm for centimeters.
3. Record Height % if provided in the document received.
4. Record Weight using standard abbreviations: lbs for pounds, oz for ounces, gm for gram, kg for kilogram.
5. Record Weight % if provided in the document received.
6. Record Head Circumference using standard abbreviation. (At present, there is only space for 5 characters so record 15 ½ inches, as 15.5" and it will fit. You will need to round to the nearest tenth of an inch.)
7. Does this client have any Health Condition diagnosed by a certified medical professional?
   a) If you indicate that a health condition was diagnosed, then the following text will appear in red on the Associated Services page until it is saved to the date base "Please enter the child's health information in the Health notebook". (Message will remain until work is saved.)
   b) If the child has no known health condition, click the 'No" to the question. This will add "No Known Health Condition" row to the Diagnosed Condition page of the Health notebook.
   c) If the user selects "No" and pre-existing condition exist (a condition on the diagnosed page which has not been end dated), an error message is created to inform the user of the need to update data in the Health Notebook. (Message will remain until work is saved.)
8. You can record any comments and results of common tests such as Hgb, Hct, blood lead, etc. in either *Narrative* section of *Associated Services* page where you have 4000 characters or in the *Medical/Dental Referral* section in this dialog box where you have 254 characters. (Both areas are mapped to the same area on the HEP titled Comments/Outcomes/Referrals.) (The PPD and its results can be recorded like other well child immunizations or on the immunization page.)
9. Click on OK. (If you make an error, you can edit the information from the *Well Child* page in the health notebook.) (Complete the well child dialog box before you go to another page as you will not be able to activate the Well Child button once you have left the page.)

H. Click on Window to view open pages and click on child's name *Health*. (or you can click on Blue button, Heath Notebook, Child name in dialog box and OK.)

I. *Summary page* is displayed. Use if needed.
   1. If there is sensitive Health/Medical Information in the child's hard file, click on box or words *Sensitive Health and Medical Information is on file.* Click again to remove the X from the box if you made a mistake.
   2. If there are limitations put on substitute care provider's ability to make Health Decision, click on box or words.
   3. If the child has special health needs and has an Individual Health Care

Plan on file, click on box or words.

4. Click anywhere in summary box. Type a general statement concerning the child's health up to 4000 characters. (This would be the place for the health care plan.)
5. Click on any checkbox that applies if a child is *Currently Receiving Services from* one of the listed agencies.
6. If click on *Other*, enter name in box
7. Click on any checkbox that applies if a child has *Previously Received Services From* one of the listed agencies.
8. If clicked on *Other*, enter name in box.

J. Click on *Immunization tab* to get the *Immunization page* if you have immunizations to record.
   1. Click on the + in the Immunization box at the top left of the page to get the immunization dialog.
   2. Enter in *Start Date* the date that immunizations were given. If you click on the ⩛, you will get the calendar that you can use if you want.
   3. Tab or click on the *Source of information/Clinic/Physician* and enter the name of the clinic, physician, other person, or document who provided the immunization information. (If working from an Immunization record i.e. multiple dates, use the copy and paste function to fill in this box.)
   4. Select all *Immunization Types* that were given on this date. (TB test - Negative and TB test -Positive are now choices on the drop down list so PPD can be recorded on this page as long as you have the result.)
   5. Click on the *OK* button to return to the *Immunization* page.
   6. Repeat process starting with the + on the upper left hand corner of the *Immunization* box until all immunizations are recorded.

K. If a condition is identified, click on *Diagnosed Condition* Tab to get the *Diagnosed Condition* page.
   1. Click on the + in the *Diagnosed Condition* Box at the top left of the page.
   2. Click on the *Alert* box if the condition is of significant concern to warrant an Alert.
   3. Click on *Onset Date* line. Type in date that Diagnosis was made using the form of 01/03/96. You can single click on ⩛ and work with the calendar. The *Onset Date* is now mandatory.
   4. Click on or tab to the *End Date* box if the condition is completely resolved. If still a problem leave *End Date* blank. (Conditions with an end date will appear in the Past Health Problems section of the Health Passport. Condition without an end date will appear the Current Health Problem section of the Health Passport.)
   5. Click on or tab to *Next Scheduled Visit Date*, if known.
   6. Click on *Category* box, and use the drop down list or tab to the area and type p for Physical, b for behavioral or e for emotional.
   7. Click on *Health Problem* box or ⩛ to get the drop down list. Use the arrows to scroll or you can type the first letter and get the first condition on the list that starts with that letter. See complete drop down list in attachment A. If the child's condition is not on the list, use *Other Physical*

Health Condition or *Other Chronic Disorder Req Ongoing Treatment* and complete the *Health Problem Description* with the specific condition.

8. Answer *Communicable Disease* question and click on appropriate button
9. If the child has a diagnosed condition entered and has medication, hospitalization, medical tests and/or referrals made connected to that condition; the user can either select "unknown" or "No" indicator. You must add go to the appropriate page i.e. Medication, Hospitalization, Medical Tests or Referrals and input on those pages to get the button to go to "yes"
10. Click on or tab to *Name.* Type in name of practitioner or clinic where condition was diagnosed.
11. Click on or tab to *Phone*. Type in phone number of practitioner or clinic, if known.
12. Tab to or click anywhere in the *Health Problem Description* Box. Type in any additional information needed to clarify the condition up to 4000 characters.
13. Repeat process for other known conditions.
14. After the initial inputting and saving to the data base, at a later date you can return to a diagnosed condition by clicking on the line in the box at the top of the page, then you add additional information or if it is no longer a problem, tab or click on *End Date* and fill in the end date, the condition will move the data to *Past Health Problems*.

L. Click on the *Medication* tab to get the *Medications* page if child is started on any long-term medication. (If a child is started on a short term medication such as 10 days of antibiotics, a cream for a diaper rash, etc. record on *Well Child* page in the *Medical Referral* section or on *Associated Service*s page in the *Narrative* .section.)

1. Click on the + in the left-hand corner of the medication box to get the *Select Client Condition* dialog box.
2. Click on the *Client Condition* to which this Medication shall apply.
3. Click on *OK* to get back to the *Medications* page.
4. Click on the *Alert* box if the Medication is of such significance that this is necessary.
5. Tab to or click on the *Prescribed Medication* field and enter the name of the Medication, dosage and frequency.
6. Tab to or click on the *Prescribed By* field and enter the name of the Physician.
7. Tab to or click on the *Start Date* field and enter date the Medication started.
8. Tab to or click on the *Projected End Date* field and enter date if that date is known.
9. Tab to or click on *Psychotropic Indicator – Parental Consent* field and enter the date of consent if this field is applicable. (Court has given parent the right to consent.)
10. Tab to or click on *Psychotropic Indicator – Court Ordered Date* field and enter the date of the order if this field is applicable.

11. Tab to or click on *Comment/Instructions* field and enter any information relevant to the medication, including dosage and frequency.
12. Update *Medications* by clicking on the medication to be edited and make information changes as necessary.
13. Enter *End Date* when this medication is no longer being prescribed.

III. How to open Health and Education Passport, refresh and print.
   A. Click on Blue *Client Management* Section Button
   B. Click on *Open Existing Document – Client* (Picture of person holding document)
   C. Dialog box-If the Health and Education Passport is listed, click on *Remove*. If the Health and Education Passport is not listed, click on *New* and follow direction starting at F. **(It is important to remove the previously created Health and Education Passport or the one you print will not have the information added since it was created.)**
   D. Dialog box –"If remove this row, you can not replace it with the undo command, Proceed?" Click on *Yes.*
   E. Click on *New*
   F. Dialog box -If Health and Education Passport is highlighted, Click on *OK*.
   G. Dialog box – If child's name is highlighted, click on *OK*.
   H. Dialog box – select *All* for *Well child Exams*, select *All* for *Past Health Issues*, select *All* for *Past Health Service Providers*, select *All* for *Previous Schools*, and click on *OK*.
   I. Click on Print.
   J. Save to data base.

SAN BERNARDINO COUNTY
REVISED COURT HEALTH HISTORIES INPUT

Please note these instructions are used by San Bernardino County. These instructions may vary by county due to the data system used. (Areas highlighted in yellow indicate decisions made by San Bernardino County to handle problems or provide local examples which may not be appropriate for every county.)

I. Open the child case
   A. Search for name, double click on name, click on Yes to Open Abstract, and click on Case tab. Write down case number for all siblings, Click on *Associated* on tool bar and then click on *Associated Cases* or
   B. Click on *File*, click on *Find folder*, insert case number, click on *OK*

II. Click the orange button (*Service Management Section*).
   A. Click on the + for *Create new Contact* (Below the picture of Rolodex)
      1. "On Behalf of child" dialog box- Click on names of all children present in box that you have a completed interview tool and then click on *OK* bar.
      2. *Staff Person* should have your name showing
      3. *Start date* is date of interview
      4. *End date* will automatically fill – do not remove.
      5. *Contact purpose*. Click on ⩛ and select Deliver service to client.
      6. *Method*. Click on ⩛ and select In person
      7. *Location*. Click on ⩛ and select Court
      8. *Status*. Click on ⩛ and select Completed
      9. *Participant*. Click on + for Dialog box; select name of person interviewed from list.
         a) If a parent or child, name should be present. Select name and then OK.
         b) If not parent or child, click on ⩛ and look at other categories. Select appropriate category, then select name, then *OK*.
      10. *On behalf of child* should already be filled
      11. *Contact Party Type* will automatically fill
      12. *Narrative* –type in "Health History Interview with (name of person(s) interviewed)"

III. Click on Blue button (*Client Management Section*)
   (You need to remember that though you have been putting information in all the cases, you now need to work only in the case you originally opened. However when you open up the sibling cases, you will be able to skip instructions II.)
   A. Click *Open Existing Client* (Picture of person standing beside a family picture)
      1. You will get a dialog box, click on child's name *in Open this Client* and then click on *OK*.
      2. Click on the *Service Provider* tab. If not present, click on the ➢ at the end of the page tab line to reveal the *Service Provider* tab.
      3. Look to see if the Service Provider is present. If yes, go to Health Notebook. (This will only happen if the child had a previous HEP) If provider's name is not present, follow the directions below.

4. Click on the + in the Service Provider box at the top left of the page. This will bring up the dialog box.
5. If the child has never had a HEP, the box will be empty. Click on the Search Square in the upper right corner, which takes you to a search dialog box for service providers.
6. Enter in the information requested and click on *OK*.
7. If the dialog box clears, you will find the name(s) in grid in the dialog box. Click on the correct name.
8. If you get a dialog box, stating "No matches were found for search on <>." Click on *OK* and follow direction below for Create New Service Providers.
9. Click on the + for *Create New Service Providers* (below the picture of the cornucopia.)
   a) Click on the ⩛ for *Service Provider Category* for drop down list and select appropriate category.
   b) Move about the page by clicking on the different lines or tabbing. Complete as much information as you have regarding provider's name, title, agency, and phone number. First name is a mandatory field if you don't have Agency name so if you can't find the providers first name and don't have or know the Agency use Dr. If you don't have the specific provider's but know the agency such as SBCMC or St. Joseph fill in the Agency and the provider's name will no longer be mandatory. Fields that are mandatory are yellow.
   c) Click on the *Address* Page tab. Tab or click on Number and complete as much information as you have.
   d) Click on the X in the second row to return to the *Health Service Providers* page.
   e) Click on + and you will get the dialog box and the name you just created will be present. Click on the name.
10. *Start date* must be completed. Use the date of service. (If don't know date of service, use today's date.)
11. Complete *End Date* for all past providers. Click on the line to be edited. Recording an end date on any exiting service provider in the list will move them from Current to Past provider on the HEP. (If don't know when service ended, use today's date for the end date for all past providers.)
12. Repeat process for each provider.

B. Input of School information
   1. Perform a Search for the Education provider
      a) Click on Search
      b) Click on Start Search
      c) Click on the ⩛, Select *Education Provider*
      d) Enter the information requested (Use name as listed in the San Bernardino County Directory of Public Schools book or just the zip code for the school)
      e) You will have a list of schools, check that the school that you want is listed.

(1) If the school you want is listed, minimize or close the search screen.
(2) If the school can not be found in the search process, you will need to call or email Cathy Sellers for assistance.

f) Close or minimize the Search by clicking on the _ or x in the upper right corner.

2. Click on + for *Create new Education* (Below the picture of the apple and the book)
   a) Dialog box. All the school found in searches will be listed. Be sure to highlight correct school. Click *OK.*
   b) Fill in *start date* with date or use 09/01/2006 for traditional school
3. Click on the Grade Level Information tab.
   a) Click on the ⮟ for Grade and chose the present grade
   b) Complete start date. (If don't have exact date use 09/01/06 for traditional schedule.)
   c) If child has an IEP and interviewee know date or month & year of last IEP meeting.
      (1) Scroll down to *Education Record, click on the + to activate*.
      (2) Fill in *Start Date* with date reported by interviewee.
      (3) Click on ⮟ for Information Type. Select IEP.
      (4) Fill in Education Record Comment with "per history from parent"

C. Click *Open existing Health Notebook*.
   1. You will get a dialog box, click on the child's name to highlight, click on *OK*.
   2. *Summary page* is displayed. Use if needed.
      a) If there is sensitive Health/Medical Information in the child's hard file, click on box or words *Sensitive Health and Medical Information is on file.* Click again to remove the X from the box if you made a mistake.
      b) If there are limitation put on substitute care provider's ability to make Health Decision, click on box or words.
      c) If the child has special health needs and has an Individual Health Care Plan on file, click on box or words.
      d) Click anywhere in summary box. Type a general statements concerning the child's health up to 4000 characters. (This would be the place for the health care plan. Can also add important information for SCP such as number for Poison Emergency Center 1 800 222-1222)
      e) Click on any checkbox that applies if a child is *Currently Receiving Services from* one of the listed agencies.
      f) If click on *Other*, enter name in box
      g) Click on any checkbox that applies if a child has *Previously Received Services From* one of the listed agencies.
      h) If clicked on *Other*, enter name in box.
   3. Click on *Diagnosed Condition* tab if have any conditions.
      a) Click on +.
         (1) If an ongoing condition

(a) Must have an onset date. See direction below how to handle if exact date is unknown.
(b) Leave end date blank so condition will go to Current Health Condition on Passport.

(2) If a past condition, must fill start and end date.
(a) If know dates, use.
(b) If know month and year, use 01 for day for start and 30 for day for end. (Example: If know month is March and year is 1989 then use 03/01/1989 for start date and 03/30/1989 for end date.
(c) If know only year, use 01/01 for start and 01/30 for end date.
(d) If don't know date, use today's date for both. (Asking child's age at time of condition at least give you the year.)

b) *Category.* Click on ⮟ select appropriate category. All three categories will now go to the HEP.

c) *Type*. Click on ⮟ select from list if present or use *Other Physical Health Condition*. Typing the first letter of the conditions common name will help you search the list faster. (The system now defaults to *None known* if no allergies are inputted. To input into the allergy area, choose Allergy as the Health Condition and type the specifics about the allergy in the Description box.) (To activate the Developmental/Functional Limitations boxes, you must choose the specific condition in this area.)
(1) If the child has no know health condition; choose "No Known Health Condition" to indicate that the question was asked. Using the date of the interview as the start date.
(2) If the child is later diagnosed with a health condition, end date "No known Health condition".
(3) If the child has "No Known Health Condition" and the referral is closed, that "No Known Health Condition" row will be end-dated. It the child comes into the system again at a later date and still has no know health condition, you will need to remove the end date or add again. This is insures that the question is asked each time the child has an open case.

d) *Diagnosed by*. Name must be filled with name if you have it or "by history from parent" if you don't.

e) *Communicable Disease* Click on yes, if condition is communicable and no if not or leave it at unknown if you don't know.

f) Type into *Description*, the condition if used *Other* or *Allergy* and any thing else that it pertinent. You have 4000 spaces.

g) If the child has a diagnosed condition entered and has medication, hospitalization, medical tests and/or referrals made connected to that condition, the user can either select "unknown" or "No" indicator. You must add go to the appropriate page i.e. Medication, Hospitalization, Medical Tests or Referrals and input on those pages to get the button to go to "yes"

h) Repeat process for each condition starting at (a).

4. Click on *Observed Condition*, if parent report a condition that they observed and has not been diagnosed.
   a) Enter data as you did for *Diagnosed Condition*.
   b) Information from *Observed Condition* will go to the HEP if the alert box is checked.
5. Click on *Immunization* tab if have any immunization information.
   a) Click on the + in the Immunization box at the top left of the page to get the immunization dialog.
   b) Enter in *Start Date* the date that immunizations were given. If you click on the ⩛, you will get the calendar that you can use if you want.
   c) Tab or click on the *Source of information/Clinic/Physician* and enter the name of the clinic, physician, other person, or document who provided the immunization information. (If working from an Immunization record with more than one date, use the copy and paste function to fill in this box.)
   d) Select all *Immunization Types* that were given on this date. PPD can now be recorded on this page by choosing TB test - Negative or TB test - Positive depending on the results of the test. If the test results are not reported do not report.
   e) Click on the *OK* button to return to the *Immunization* page.
   f) Repeat process starting with the + on the upper left hand corner of the *Immunization* box until all immunizations are recorded.
6. Click on the *Medication* tab to get the *Medications* Page if child is taking or has taken any long-term medication for specific conditions.
   a) Click on the + in the left-hand corner of the medication box to get the *Select Client Condition* dialog box.
   b) Click on the *Client Condition* for which this Medication treat.
   c) Click on *OK* to get back to the *Medications* page.
   d) Click on the *Alert* box if the Medication is of such significance that this is necessary.
   e) Tab to or click on the *Prescribed Medication* field and enter the name of the Medication, dosage and frequency.
   f) Tab to or click on the *Prescribed By* field and enter the name of the Physician.
   g) Tab to or click on the *Start Date* field and enter date the Medication started.
   h) Tab to or click on the *Projected End Date* field and enter date if that date is known.
   i) Tab to or click on *Psychotropic Indicator – Parental Consent* field and enter the date of parent's consent for the psychotropic medication. (Court has given parent the right to consent.)
   j) Tab to or click on *Psychotropic Indicator – Court Ordered Date* field and enter the date of the order for the psychotropic medication.
   k) Tab to or click on *Comment/Instructions* field and enter any information relevant to the Medication, including dosage and frequency.
   l) Update *Medications* by clicking on the Medication to be edited and

make information changes as necessary.

m) Enter *End Date* when this Medication is no longer being prescribed

7. Click on *Hospitalization* tab.
   a) Click on the + in the *Hospitalizations* grid to reach the *Select Client Condition* Dialog box.
   b) Click on the *Client Condition* to which this Hospitalization shall apply. (If the hospitalization was to rule out an condition, Use *Unknown Condition Needing Diagnosis* on the *Diagnosed Condition* page.
   c) Click on OK to return to the *Hospitalizations* Page.
   d) Tab to or click on the *Admit Date* field and enter the date the Hospitalization started. This is a mandatory field; refer to III. D. 3. a) (2) if you don't have the exact date.
   e) Enter as much of the data as you have.
8. Click on *Birth History* tab.
   a) Tab to *Birth Place/Hospital Name* field; enter the *facility* where child was born.
   b) Click on *Birth City* field and enter *City* where the child was born
   c) Click on *Birth County* field and enter County where the child was born.
   d) Click on *Birth State* field and enter State where the child was born.
   e) Click on or tab to the *Weight* field, *Length* fields and *Head Circumference* field and enter measurements. (Length and Head Circumference only have space for 4 characters at the present time. So you need to be creative 19in or 32cm will fit. You will need to round the figure until the number of characters allowed has been increased.)
   f) Click or tab to *Apgar* but you can only put in 2 character. Luckily parents rarely know them anyway. If you get them, use the 5-minute apgar, since you can only put in one.
   g) Tab to the *Toxicology Screening* section and select and appropriate Toxicology Test button.
   h) If Positive toxicology results have been found, click the + in the top left hand corner of the *Pos Tox Results* field and select all Toxicology Results that were positive.
   i) Tab to the *Newborn Screening Results* field and enter the result if known.
   j) Click on the *Prenatal/Perinatal Comments* text field and enter any relevant information.
   k) Tab or Click to *Maternal Significant Health Problems* field and enter any relevant information about the mother and her family.
   l) Tab or Click to *Paternal Significant Health Problems* field and enter any relevant information about the father and his family.

D. Printing the Health and Education Passport
   1. If this is a new case i.e. nothing in any of the notebooks, Click on Create New *Document – Client* (+ sign below picture with person holding document)
   2. Dialog box-If Health and Education Passport is highlight, click on *OK*. If Health and Education Passport is not highlighted, click on it, to highlight

and then click *OK*.

3. Dialog box – If child's name is highlighted, click on *OK*.
4. Dialog box – select *All* for *Well child Exams*, select *All* for *Past Health Issues*, select *All* for *Past Health Service Providers*, select *All* for *Previous Schools*, and click on *OK*.
5. Click on Print. Send or give to Sub Care Provider.
6. If this is an returning child and an HEP has been created in the past, you will need to remove the previous HEP before you can create a new one.

IV. Click on the Red button (*Placement Management Section*)

A. Click *Open Existing Placement* Notebook
B. You will get a dialog box, if the child name and the placement without an end date are highlighted, click *OK.*
C. You will be on the ID page. Scroll down to *Date SCP Given HEP and informed of Purpose*. Complete with date that HEP is given or mailed to Sub Care Provider.

CONFIDENTIALITY ISSUES

There are certain health conditions that the Substitute Care Provider doesn't need to know about, but the child's medical provider does need to know. For this reason we will use *Other Physical Condition* in *Type* and using ICD 9 codes in the *Description* area on the *Diagnosed Condition* page. If the Substitute Care Provider needs to know, it will be the Social Worker who gives them the information. The following are conditions that need to be confidential and their respective ICD-9 codes to use:

Condition	**ICD-9 Code**
AIDS	042.9
Congenital syphilis	090
Early syphilis, symptomatic	091
Gonococcal Infection	098
Human Immunodeficiency Virus (HIV)	044.9
Illegally induced abortion	636
Legally induced abortion	635
Other Venereal Disease	099
Chancroid	099.0
Lymphogranuloma venereum	099.1
Granuloma inguinale	099.2
Reiter's disease	099.3
Other nongoococcal urethritis	099.4
Chlamydia trachomatis	099.41
Other Venereal disease due to Chlamydia trachomatis	099.5
Other specified veneral diseases	099.8
Venereal disease, unspecified	099.9
Pregnancy (Multiple gestation)	651
Pregnancy (single uterine without sickness)	V22.2
Pregnancy (ectopic)	633
Rape	E960.1
Spontaneous abortion	634

4/25/06

Pscyhotropic Medication Regulations

The following is a selected section of California law relating to pscyhotropic medication. This section has been extracted from California's Welfare and Institutions Code.

Welfare and Institutions Codes 369.5

http://www.leginfo.ca.gov/calaw.html

369.5. (a) If a child is adjudged a dependent child of the court under Section 300 and the child has been removed from the physical custody of the parent under Section 361, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. On or before July 1, 2000, the Judicial Council shall adopt rules of court and develop appropriate forms for implementation of this section.

(b) (1) In counties in which the county child welfare agency completes the request for authorization for the administration of psychotropic medication, the agency is encouraged to complete the request within three business days of receipt from the physician of the information necessary to fully complete the request.

(2) Nothing in this subdivision is intended to change current local practice or local court rules with respect to the preparation and submission of requests for authorization for the administration of psychotropic medication.

(c) Within seven court days from receipt by the court of a completed request, the juvenile court judicial officer shall either approve or deny in writing a request for authorization for the administration of psychotropic medication to the child, or shall, upon a request by the parent, the legal guardian, or the child's attorney, or upon its own motion, set the matter for hearing.

(d) Psychotropic medication or psychotropic drugs are those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

(e) Nothing in this section is intended to supersede local court rules regarding a minor's right to participate in mental health decisions.

JV220; JV220A (see Forms, Section 4)

Special Health Care Needs

The following are selected sections of California laws relating to special health care needs. These sections have been extracted from California's Welfare and Institutions Code.

Welfare and Institutions Codes 17710

17710. Unless otherwise specified in this part:

(a) "Child with special health care needs" means a child, or a person who is 22 years of age or younger who is completing a publicly funded education program, who has a condition that can rapidly deteriorate resulting in permanent injury or death or who has a medical condition that requires specialized in-home health care, and who either has been adjudged a dependent of the court pursuant to Section 300, has not been adjudged a dependent of the court pursuant to Section 300 but is in the custody of the county welfare department, or has a developmental disability and is receiving services and case management from a regional center.

(b) "County" means the county welfare department.

(c) "Department" means the State Department of Social Services.

(d) "Individualized health care plan team" means those individuals who develop a health care plan for a child with special health care needs in a specialized foster care home, as defined in subdivision (i) or group home, which shall include the child's primary care physician or other health care professional designated by the physician, any involved medical team, and the county social worker or regional center worker, and any health care professional designated to monitor the child's individualized health care plan pursuant to paragraph (8) of subdivision (c) of Section 17731, including, if the child is in a certified home, the registered nurse employed by or under contract with the certifying agency to supervise and monitor the child. The child's individualized health care plan team may also include, but shall not be limited to, a public health nurse, representatives from the California Children's Services Program or the Child Health and Disability Prevention Program, regional centers, the county mental health department and where reunification is the goal, the parent or parents, if available. In addition, where the child is in a specialized foster care home, the individualized health care plan team may include the prospective specialized foster parents, who shall not participate in any team decision pursuant to paragraph (6) of subdivision (c) of Section 17731 or pursuant to paragraph (3) of subdivision (a), or subparagraph (A) of paragraph (2) of subdivision (b) of Section 17732.

(e) "Director" means the Director of Social Services.

(f) "Level of care" means a description of the specialized in-home health care to be provided to a child with special health care needs by the foster family.

(g) Medical conditions requiring specialized in-home health care require dependency upon one or more of the following: enteral feeding tube, total parenteral feeding, a cardiorespiratory monitor, intravenous therapy, a ventilator, oxygen

support, urinary catheterization, renal dialysis, ministrations imposed by tracheostomy, colostomy, ileostomy, or other medical or surgical procedures or special medication regimens, including injection, and intravenous medication.

(h) "Specialized in-home health care" includes, but is not limited to, those services identified by the child's primary physician as appropriately administered in the home by any one of the following:

(1) A parent trained by health care professionals where the child is being placed in, or is currently in, a specialized foster care home.

(2) Group home staff trained by health care professionals pursuant to the discharge plan of the facility releasing the child where the child was placed in the home as of November 1, 1993, and who is currently in the home.

(3) A health care professional, where the child is placed in a group home after November 1, 1993. The health care services provided pursuant to this paragraph shall not be reimbursable costs for the purpose of determining the group home rate under Section 11462.

(i) "Specialized foster care home" means any of the following foster homes where the foster parents reside in the home and have been trained to provide specialized in-home health care to foster children:

(1) Licensed foster family homes, as defined in paragraph (5) of subdivision (a) of Section 1502 of the Health and Safety Code.

(2) Licensed small family homes, as defined in paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code.

(3) Certified family homes, as defined in subdivision (d) of Section 1506 of the Health and Safety Code, that have accepted placement of a child with special health care needs who is under the supervision and monitoring of a registered nurse employed by, or on contract with, the certifying agency, and who is either of the following:

(A) A dependent of the court under Section 300.

(B) Developmentally disabled and receiving services and case management from a regional center.

Welfare and Institutions Codes 17720

17720. The Health and Welfare Agency shall designate a department to coordinate sources of funding and services not under the jurisdiction of the department which are available to children with special health care needs in order to maximize the health and social services provided to these children and avoid duplication of programs and funding.

Welfare and Institutions Codes 17730-17738

17730. The department shall develop a program to establish specialized foster care homes for children with special health care needs with persons specified in subdivision (h) of Section 17710. The department shall limit the use of group homes for children with special health care needs pursuant to subdivisions (d) and (e) of Section 17732. The program shall conform to the requirements set forth in this chapter, and shall be integrated with the foster care and child welfare services

programs authorized by Article 5 (commencing with Section 11400) of Chapter 2 of Part 3 and Chapter 5 (commencing with Section 16500) of Part 4.

The department, in administering the licensing program, shall not evaluate or have any responsibility for the evaluation of the in-home health care provided in specialized foster care homes or group homes.

This program shall be conducted by county welfare departments in conformance with procedures established by the department in accordance with this chapter.

17731. (a) The county shall develop a plan to place children with special health care needs in foster care. This plan shall be submitted to the State Department of Social Services and the State Department of Health Services, not later than April 1, 1990, before beginning placement of children with special health care needs in specialized foster care homes. This subdivision shall not invalidate any placement made before April 1, 1990. A county that has not submitted a plan by April 1, 1990, shall not continue to make placements of children with special health care needs until the plan has been submitted.

(b) Unless a local lead agency has been designated within the county, as described in Item 4260-113-890 of the Budget Act of 1989, the county department of social services shall be the lead agency with the responsibility of developing the plan to be submitted pursuant to subdivision (a). The county plan shall be formalized in an interagency agreement between the county department of social services and the other county and private agencies that are the involved parties.

(c) The county plan shall meet all the requirements specified in this subdivision. The regional center shall not be required to submit a plan. However, all requirements specified in this subdivision shall be met prior to a regional center placement of a child who is not a court dependent and who has special health care needs.

(1) Prior to the placement of a child with special health care needs, an individualized health care plan, which may be the hospital discharge plan, shall be prepared for the child and, if necessary, in-home health support services shall be arranged. The individualized health care plan team shall be convened by the county department of social services caseworker or the regional center caseworker, to discuss the specific responsibilities of the person or persons specified in subdivision (h) of Section 17710 for provision of in-home health care in accordance with the individualized health
care plan developed by the child's physician or his or her designee. The plan may also include the identification of any available and funded medical services that are to be provided to the child in the home, including, but not limited to, assistance from registered nurses, licensed vocational nurses, public health nurses, physical therapists, and respite care workers. The individualized health care plan team shall delineate in the individualized health care plan the coordination of health and related services for the child and the appropriate number of hours needed to be provided by any health care
professional designated to monitor the child's individualized health care plan pursuant to paragraph (8), including, if the child is in a certified home, the registered nurse employed by or on contract with the certifying agency to supervise and monitor the child.

(2) A child welfare services case plan or regional center individual program plan shall be developed in accordance with
applicable regulations, and arrangements made for nonmedical support services.

(3) Foster parents shall be trained by health care professionals pursuant to the discharge plan of the facility releasing the child being placed in, or currently in, foster care. Additional training shall be provided as needed during the placement of the child and to the child's biological parent or parents when the child is being reunified with his or her family.

(4) Children with special health care needs shall be placed in the home of the prospective foster parent subsequent to training by a health care professional pursuant to the discharge plan of the facility releasing the child being placed in foster care.

(5) Assistant caregivers, on-call assistants, respite care workers, and other personnel caring for children with special health care needs shall complete training or additional training by a health care professional in accordance with paragraph (3).

(6) No foster parent who is a health care professional or staff member who is a health care professional shall be required to complete any training or additional training determined by the responsible individualized health care plan team to be unnecessary on the basis of his or her professional qualification and expertise.

(7) No health care professional shall provide in-home health care to any child with special health care needs placed in a group home after November 1, 1993, unless the individual health care plan team for the child:

(A) Documents that the health care professional has the necessary qualifications and expertise to meet the child's in-home health care needs.

(B) Updates the documentation provided pursuant to subparagraph (A) each time the child's special health care needs change.

(8) Specialized foster care homes and group homes caring for children with special health care needs shall be monitored by the county or regional center according to applicable regulations. The health care plan for each child with special health care needs shall designate which health care professional shall monitor the child's ongoing health care, including in-home health care provided by persons specified in subdivision (h) of Section 17710. Where the
child is placed in a certified home, the designated health care professional shall be the registered nurse employed by or on contract with the foster family agency to supervise and monitor the child.

(9) The workload of the health care professional supervising or monitoring a child's ongoing health care in a certified home shall be based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional. In no case shall the health care professional's regular workload based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional be more than 40 hours per week.

(10) The child's individualized health care plan shall be reassessed at least every six months during the time the child is
placed in the specialized foster care home, to ensure that specialized care payments are appropriate to meet the child's health care needs.

(11) The placement agencies shall coordinate the sources of funding and services available to children with special health care needs in order to maximize the social services provided to these children and to avoid duplication of programs and funding.

17732. No more than two foster care children shall reside in a specialized foster care home with the following exceptions:

(a) A specialized foster care home may have a third child with or without special health care needs placed in that home provided that the licensed capacity, as determined by the department pursuant to paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code is not exceeded and provided that all of the following conditions have been met:

(1) The child's placement worker has determined and documented that no other placement is available.

(2) For each child in placement and the child to be placed, the child's placement worker has determined that his or her psychological and social needs will be met by placement in the home and has documented that determination. New determinations shall be made and documented each time there is an increase or turnover in foster care children and the two-child capacity limit is exceeded.

(3) The individualized health care plan team responsible for the ongoing care of each child with special health care needs involved has determined that the two-child limit may be exceeded without jeopardizing the health and safety of that child, and has documented that determination. New determinations shall be made and documented each time there is an increase or turnover in foster care children and the two-child capacity limit is exceeded.

(b) A licensed small family home, but not a certified home, may exceed the placement limit specified in subdivision (a) and accept children with or without special health care needs up to the licensed capacity as determined by the department pursuant to paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code if the conditions in subdivision (a) have been met for both the third child and each child placed thereafter, and the following additional conditions have been met:

(1) At least one of the children in the facility is a regional center client monitored in accordance with Section 56001 and
following of Title 17 of the California Code of Regulations.

(2) Whenever four or more foster care children are physically present in the facility, the licensee of the small family home has the assistance of a caregiver to provide specialized in-home health care to the children except that:

(A) Night assistance shall not be required for those hours that the individualized health care plan team for each child with special health care needs has documented that the child will not require specialized medical services during that time.

(B) The department may determine that additional assistance is required to provide appropriate care and supervision for all children in placement. The determination shall only be made after consultation with the appropriate regional center and any appropriate individual health care teams.

(3) On-call assistance is available at all times to respond in case of an emergency. The on-call assistant shall meet the

requirements of paragraph (5) of subdivision (c) of Section 17731.

(4) The home is sufficient in size to accommodate the needs of all children in the home.

(c) Notwithstanding Section 1523 of the Health and Safety Code, a foster family home which has more than three children with special health care needs in its care as of January 1, 1992, and which applies for licensure as a small family home in order to continue to provide care for those children, shall be exempt from the application fee.

(d) Except for children with special health care needs placed in group homes before January 1, 1992, no child with special health care needs may be placed in any group home or combination of group homes for longer than a short-term placement of 120 calendar days. The short-term placement in the group home shall be on an emergency basis
for the purpose of arranging a subsequent placement in a less restrictive setting, such as with the child's natural parents or relatives, with a foster parent or foster family agency, or with another appropriate person or facility. The 120-day limitation shall not be extended, except by the approval of the director or his or her designee. For children placed after January 1, 1992, the 120-day limitation shall begin on the effective date of the amendments to this section made during the 1993 portion of the 1993-94 Regular Session.

(e) A child with special health care needs shall not be placed in a group home unless the child's placement worker has determined and documented that the group home has a program that meets the specific needs of the child being placed and there is a commonalty of needs with the other children in the group home.

17732.1. (a) It is the intent of the Legislature that minor children who are residing in specialized foster care home placements on or after January 1, 1997, be allowed to remain in those homes upon reaching majority, through 22 years of age, in order to ensure continuity of care during completion of publicly funded education.

(b) A child with special health care needs may remain in a licensed foster family home or licensed small family home that is operating as a specialized foster care home pursuant to subdivision (i) of Section 17710 after the age of 18 years, if all of the following requirements are met:

(1) The child was a resident in the home prior to the age of 18.

(2) A determination regarding whether the child may remain as a resident after the age of 18 years is made through the agreement of all parties involved, including the resident, the foster parent, the social worker, the resident's regional center case manager, and the resident's parent, legal guardian, or conservator, as appropriate. This determination shall include a needs and service plan that contains an assessment of the child's needs and of continued compatibility with the other children in placement. The needs and service plan shall be completed within the six months prior to the child's 18th birthday and shall be updated with any significant change and whenever there is a change in household composition. The assessment shall be documented and maintained in the child's file, and shall be made available for inspection by the licensing staff.

(3) The regional center monitors and supervises its placements, as part of its regular and ongoing services to clients, to ensure the continued health and safety, appropriate placement, and compatibility of the developmentally disabled adult with special health care needs.

(4) The department notifies the foster care applicant, as part of its orientation process, that the state Foster Family Home and Small Family Home Insurance Fund does not expand existing coverage in Article 2.5 (commencing with Section 1527) of Chapter 3 of Division 2 of the Health and Safety Code for liability resulting from the provision of care to individuals over the age of 18 years.

17733. All documentation prepared by the county concerning the identification of a dependent child as a child with special health care needs, the placement of such a child in a specialized foster care home, assessments and reassessments of the level of care designation, the decision to place more than two children with special health care needs in a home, and contact among the health care team plan members who are monitoring the individualized health care plan of the child, shall be made part of the child's case record. Reports of training provided by the health care professional pursuant to the discharge plan of the facility releasing the child being placed in foster care shall also be included in the case record.

17734. Each county shall report to the department on a regular basis on the conduct and effectiveness of the program provided for in this chapter. These reports shall be submitted in conformance with instructions provided by the department. These reports shall include, but not be limited to, all of the following data:

(a) An estimate of the number of children adjudicated dependents of the juvenile court under Section 300 who have special health care needs during the reporting period.

(b) The number of children with special health care needs in (1) hospitals or other institutional placements, (2) group homes, and (3) small family homes at the beginning of the reporting period.

(c) The number of children with special health care needs in specialized foster care homes.

(d) The number of children with special health care needs placed in specialized foster care homes during the reporting period.

(e) The cost of providing specialized placements for children with special health care needs during the reporting period.

17735. Commencing in 1991, a progress report on the program provided for in this chapter shall be included in the child welfare services report to the Legislature required by Section 16512. The department shall not evaluate or have any responsibility for the evaluation of the in-home health care provided in specialized foster care homes.

17736. Notwithstanding any other provision of law, including Sections 1250, 1251, 1254, 1270, 1501, 1502, 1505, 1507, 1521, 1530.6 (as added by Chapter 391 of the Statutes of 1977), 1550, 11002, and 11154 of the Health and Safety Code, and

Sections 2052, 2725, 2732, and 2795 of the Business and Professions Code, all of the following
shall apply:

(a) (1) Counties and regional centers shall be permitted to place children with special health care needs in foster family homes, small family homes, and group homes pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code.

(2) Foster family agencies shall be permitted to place children with special health care needs in certified homes pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code.

(b) Counties, regional centers, and foster family agencies shall permit all of the following:

(1) A foster parent, an assistant caregiver, an on-call assistant, and a respite caregiver meeting the requirements of paragraphs (3), (5), and (6) of subdivision (c) of Section 17731 to provide, in a specialized foster care home, specialized in-home health care to a foster child, as described in the child's individualized health care plan.

(2) The licensee and other personnel meeting the requirements of paragraphs (3), (5), and (6) of subdivision (c) of Section 17731 to provide, in a group home, specialized in-home health care to a child, as described in his or her individualized health care plan, provided that the child was placed as of November 1, 1993.

17737. Nothing in this chapter shall be construed to prevent children with special health care needs who have adoption as a case plan goal from receiving services under this program.

17738. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department shall adopt emergency regulations to implement the program provided for in this chapter. The emergency regulations shall remain in effect for no more than 120 days, unless the department complies with all the provisions of Chapter 3.5 (commencing with Section 11340) as required by subdivision (e) of Section 11346.1 of the Government Code.

Juvenile Dependency Flowchart

The following link shows the juvenile dependency process and was prepared by the Fresno County Superior Court, Juvenile Dependency Division.

http://www.fresnosuperiorcourt.org/_pdfs/Dependency%20Process.pdf

PM 160 Immunizations Codes

The following link provides the health assessment, vaccine and laboratory codes and rates.

http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/CHDP/Manual/ratesmaxchdp_c00.doc

Regulations and More

The following three codes are selected sections of California laws relating to medical care and health education records for children in out-of-home placement. These sections have been extracted from California's Welfare and Institutions Code.

http://www.leginfo.ca.gov/calaw.html

Welfare and Institutions Codes 739 (A-G) - Medical Care for Probation

739. (a) Whenever any person is taken into temporary custody under Article 15 (commencing with Section 625) and is in need of medical, surgical, dental, or other remedial care, the probation officer may, upon the recommendation of the attending physician and surgeon or, if the person needs dental care and there is an attending dentist, the attending dentist, authorize the performance of that medical, surgical, dental, or other remedial care. The probation officer shall notify the parent, guardian, or person standing in loco parentis of the person, if any, of the care found to be needed before the care is provided, and if the parent, guardian, or person standing in loco parentis objects, the care shall be given only upon order of the court in the exercise of its discretion.

(b) Whenever it appears to the juvenile court that any person concerning whom a petition has been filed with the court is in need of medical, surgical, dental, or other remedial care, and that there is no parent, guardian, or person standing in loco parentis capable of authorizing or willing to authorize the remedial care or treatment for that person, the court, upon the written recommendation of a licensed physician and surgeon or, if the person needs dental care, a licensed dentist, and after due notice to the parent, guardian, or person standing in loco parentis, if any, may make an order authorizing the performance of the necessary medical, surgical, dental, or other remedial care for that person.

(c) Whenever a ward of the juvenile court is placed by order of the court within the care and custody or under the supervision of the probation officer of the county in which the ward resides and it appears to the court that there is no parent, guardian, or person standing in loco parentis capable of authorizing or willing to authorize medical, surgical, dental, or other remedial care or treatment for the ward, the court may, after due notice to the parent, guardian, or person standing in loco parentis, if any, order that the probation officer may authorize the medical, surgical, dental, or other remedial care for the ward by licensed practitioners, as may from time to time appear necessary.

(d) Whenever it appears that a minor otherwise within subdivision (a), (b), or (c) requires immediate emergency medical, surgical, or other remedial care in an emergency situation, that care may be provided by a licensed physician and surgeon or, if the minor needs dental care in an emergency situation, by a licensed dentist, without a court order and upon authorization of a probation officer. If the

minor needs foot or ankle care within the scope of practice of podiatric medicine, as defined in Section 2472 of the Business and Professions Code, a probation officer may authorize the care to be provided by a podiatrist after obtaining the advice and concurrence of a physician and surgeon. The probation officer shall make reasonable efforts to obtain the consent of, or to notify, the parent, guardian, or person standing in loco parentis prior to authorizing emergency medical, surgical, dental, or other remedial care. "Emergency situation," for the purposes of this subdivision means a minor requires immediate treatment for the alleviation of severe pain or an immediate diagnosis and treatment of an unforeseeable medical, surgical, dental, or other remedial condition or contagious disease which if not immediately diagnosed and treated, would lead to serious disability or death.

(e) In any case in which the court orders the performance of any medical, surgical, dental, or other remedial care pursuant to this section, the court may also make an order authorizing the release of information concerning that care to probation officers, parole officers, or any other qualified individuals or agencies caring for or acting in the interest and welfare of the minor under order, commitment, or approval of the court.

(f) Nothing in this section shall be construed as limiting the right of a parent, guardian, or person standing in loco parentis, who has not been deprived of the custody or control of the minor by order of the court, in providing any medical, surgical, dental, or other remedial treatment recognized or permitted under the laws of this state.

(g) The parent of any person described in this section may authorize the performance of medical, surgical, dental, or other remedial care provided for in this section notwithstanding his or her age or marital status. In nonemergency situations the parent authorizing the care shall notify the other parent prior to the administration of the care.

Welfare and Institutions Codes 369 – Medical; Surgical, Dental Care Information

369. (a) Whenever any person is taken into temporary custody under Article 7 (commencing with Section 305) and is in need of medical, surgical, dental, or other remedial care, the social worker may, upon the recommendation of the attending physician and surgeon or, if the person needs dental care and there is an attending dentist, the attending dentist, authorize the performance of the medical, surgical, dental, or other remedial care. The social worker shall notify the parent, guardian, or person standing in loco parentis of the person, if any, of the care found to be needed before that care is provided, and if the parent, guardian, or person standing in loco parentis objects, that care shall be given only upon order of the court in the exercise of its discretion.

(b) Whenever it appears to the juvenile court that any person concerning whom a petition has been filed with the court is in need of medical, surgical, dental, or other remedial care, and that there is no parent, guardian, or person standing in loco parentis capable of authorizing or willing to authorize the remedial care or treatment for that person, the court, upon the written recommendation of a licensed physician and surgeon or, if the person needs dental care, a licensed dentist, and after due notice to the parent, guardian, or person standing in loco parentis, if any, may make an order authorizing the performance of the necessary medical, surgical, dental, or other remedial care for that person.

(c) Whenever a dependent child of the juvenile court is placed by order of the court within the care and custody or under the supervision of a social worker of the county in which the dependent child resides and it appears to the court that there is no parent, guardian, or person standing in loco parentis capable of authorizing or willing to authorize medical, surgical, dental, or other remedial care or treatment for the dependent child, the court may, after due notice to the parent, guardian, or person standing in loco parentis, if any, order that the social worker may authorize the medical, surgical, dental, or other remedial care for the dependent child, by licensed practitioners, as may from time to time appear necessary.

(d) Whenever it appears that a child otherwise within subdivision (a), (b), or (c) requires immediate emergency medical, surgical, or other remedial care in an emergency situation, that care may be provided by a licensed physician and surgeon or, if the child needs dental care in an emergency situation, by a licensed dentist, without a court order and upon authorization of a social worker. The social worker shall make reasonable efforts to obtain the consent of, or to notify, the parent, guardian, or person standing in loco parentis prior to authorizing emergency medical, surgical, dental, or other remedial care. "Emergency situation," for the purposes of this subdivision means a child requires immediate treatment for the alleviation of severe pain or an immediate diagnosis and treatment of an unforeseeable medical, surgical, dental, or other remedial condition or contagious disease which if not immediately diagnosed and treated, would lead to serious disability or death.

(e) In any case in which the court orders the performance of any medical, surgical, dental, or other remedial care pursuant to this section, the court may also make an

order authorizing the release of information concerning that care to social workers, parole officers, or any other qualified individuals or agencies caring for or acting in the interest and welfare of the child under order, commitment, or approval of the court.

(f) Nothing in this section shall be construed as limiting the right of a parent, guardian, or person standing in loco parentis, who has not been deprived of the custody or control of the child by order of the court, in providing any medical, surgical, dental, or other remedial treatment recognized or permitted under the laws of this state.

(g) The parent of any person described in this section may authorize the performance of medical, surgical, dental, or other remedial care provided for in this section notwithstanding his or her age or marital status. In nonemergency situations the parent authorizing the care shall notify the other parent prior to the administration of that care.

Welfare and Institutions Codes 16010 (A-F) – Health and Education Records of Minors

16010. (a) When a child is placed in foster care, the case plan for each child recommended pursuant to Section 358.1 shall include a summary of the health and education information or records, including mental health information or records, of the child. The summary may be maintained in the form of a health and education passport, or a comparable format designed by the child protective agency. The health and education summary shall include, but not be limited to, the names and addresses of the child's health, dental, and education providers, the child's grade level performance, the child's school record, assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement, a record of the child's immunizations and allergies, the child's known medical problems, the child's current medications, past health problems and hospitalizations, a record of the child's relevant mental health history, the child's known mental health condition and medications, and any other relevant mental health, dental, health, and education information concerning the child determined to be appropriate by the Director of Social Services. If any other provision of law imposes more stringent information requirements, then that section shall prevail.

(b) Additionally, any court report or assessment required pursuant to subdivision (g) of Section 361.5, Section 366.1, subdivision (d) of Section 366.21, or subdivision (b) of Section 366.22 shall include a copy of the current health and education summary described in subdivision (a).

(c) As soon as possible, but not later than 30 days after initial placement of a child into foster care, the child protective agency shall provide the caretaker with the child's current health and education summary as described in subdivision (a). For each subsequent placement, the child protective agency shall provide the caretaker with a current summary as described in subdivision (a) within 48 hours of the placement.

(d) (1) Notwithstanding Section 827 or any other provision of law, the child protective agency may disclose any information described in this section to a prospective caretaker or caretakers prior to placement of a child if all of the following requirements are met:

(A) The child protective agency intends to place the child with the prospective caretaker or caretakers.

(B) The prospective caretaker or caretakers are willing to become the adoptive parent or parents of the child.

(C) The prospective caretaker or caretakers have an approved adoption assessment or home study, a foster family home license, certification by a licensed foster family agency, or approval pursuant to the requirements in Sections 361.3 and 361.4.

(2) In addition to the information required to be provided under this section, the child protective agency may disclose to the prospective caretaker specified in paragraph (1), placement history or underlying source documents that are provided

to adoptive parents pursuant to subdivisions (a) and (b) of Section 8706 of the Family Code.

(e) The child's caretaker shall be responsible for obtaining and maintaining accurate and thorough information from physicians and educators for the child's summary as described in subdivision (a) during the time that the child is in the care of the caretaker. On each required visit, the child protective agency or its designee family foster agency shall inquire of the caretaker whether there is any new information that should be added to the child's summary as described in subdivision (a). The child protective agency shall update the summary with such information as appropriate, but not later than the next court date or within 48 hours of a change in placement. The child protective agency or its designee family foster agency shall take all necessary steps to assist the caretaker in obtaining relevant health and education information for the child's health and education summary as described in subdivision (a).

(f) At the initial hearing, the court shall direct each parent to provide to the child protective agency complete medical, dental, mental health, and educational information, and medical background, of the child and of the child's mother and the child's biological father if known. The Judicial Council shall create a form for the purpose of obtaining health and education information from the child's parents or guardians at the initial hearing. The court shall determine at the hearing held pursuant to Section 358 whether the medical, dental, mental health, and educational information has been provided to the child protective agency.

SECTION 3 – COUNTY-BASED ASSESSMENT OF NEEDS AND RESOURCES

(from HCPCFC handbook, 2000)

COUNTY-BASED ASSESSMENT OF NEEDS AND RESOURCES

COUNTY/COMMUNITY RESOURCES

Identifying sources of information within the county and the links for coordinating services for children in foster care are necessary foundations for the foster care PHN to function effectively. The only way to get the job done is to build and cultivate relationships.

The sources of information and the links for coordinating services become visible as you ask and accumulate answers to several questions. To most effectively obtain answers to these questions, initiate meeting with a variety of people who work with or support children in foster care. Use the meeting as an opportunity to begin building your relationships.

Several questions transcend positions or agency. These questions are provided first, followed by some specific questions you may want to add as you meet with staff from a particular agency or in a particular role. Remember to add to this list to personalize your interaction with those you meet.

The general questions include:

- Who are the players?
- What are their programs and/or responsibilities?
- What are their needs for health care assistance?
- How do they view the foster care PHN role? Is it consistent with your view?
- How is information exchanged with the foster care PHN?
- What do they see as pressing issues?

To get started, the following are some people to meet early on, as well as, some suggestions for additional questions or areas of focus.

1. Human Services Department
    a. Unit Supervisors for:
        1) Emergency Response
        2) Family Maintenance
        3) Family Preservation
        4) Court Services
        5) Family Reunification
        6) Permanency Planning
        7) Any other units or programs, such as, specialized foster care home, or Independent Living Program (ILP)

    b. Licensing Workers – Is there any pattern to incidents investigated that suggests a need for health care, medical or safety training? How does

licensing and placement work together to match a child needing placement with a caretaker? When is the PHN consulted?

c. Eligibility workers – Are specific workers assigned for foster care? Establish a contact person.

d. Social Workers or Child Welfare Workers – To initially introduce yourself, request to attend unit meetings.

e. CWS/CMS Support Person – What is the PHN's access to the system? Who is designated in the county to receive any change requests?

f. Clerical and legal clerical staff.

2. Children's Shelter

a. Shelter Supervisor
b. Medical/Nursing Coordinator – How is continuity maintained and follow-up assured after child leaves the shelter?

3. Juvenile Hall – Identify and meet coordinator for medical/health services.

4. CHDP
   a. <u>PHNs working in other programs</u>
      1) What is CHDP?
      2) How do children in foster care interface with the CHDP Program?
      3) What resources are available through CHDP?
      4) How can the CHDP provider network be accessed?
      5) What assistance is available for referrals to specialists, other programs, community resources?
      6) How can CHDP help with accessing services for children and for youth placed out of county?
      7) Establish a contact person at CHDP.
   b. <u>CHDP PHNs</u>
      1) What are the protocols for intensive informing (PM 357/SAWS) and follow-up care (PM 160) for children in foster care within the county, when placed out of county, and for placements <u>from</u> other counties?
      2) In what projects is CHDP involved jointly with other programs, agencies, community clinics, etc?
      3) Identify the CHDP and California Children's Services (CCS) liaisons to the Managed Care plans if you have managed care in your county.
      4) Identify the CCS liaison to the Regional Center and Early Start.
      5) Locate the CHDP Provider Manual and Health Assessment Guidelines.
      6) Locate and become familiar with Program Letters, Provider Letters and Information Notices.

5. County Medi-Cal Managed Care Plans
    a. Medical
        1) What type of managed care plan(s) is in your county?
        2) How are children in foster care provided services when they live within the county, when placed out of county?
        3) Establish a contact person (at each plan if there is more than one in the county).
    b. Mental Health
        1) How are children in foster care provided services when they live within the county, when placed out of county?
        2) What services are available for immediate care needs?
        3) What are the procedures for obtaining out of plan benefits, e.g., Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Supplemental Services?
        4) Establish a contact person.

6. Partial List of other resources
    a. Identify a contact and set up a meeting to learn about services provided by the following:
        1) Regional Center
        2) Easter Seals
        3) CCS
        4) Special Education Local Planning Area (SELPA)
        5) Court Appointed Special Advocates (CASA)
        6) Field Public Health Nursing
        7) Hospital Pediatric and Nursery Discharge Coordinators
        8) School Nurses
        9) WIC
        10) Any Large Clinic/Provider
        11) HIV Prevention Unit
        12) High Risk Infant Program
        13) Parenting Program
        14) Drug Alternative Program
        15) Attorneys for children in foster care
        16) Groups such as Children and Adults with Attention Deficit Disorder (CHADD), Child Abuse Council, Foster Parent Association, Grandparents Parenting Again, etc.
    b. Ask about:
        1) Grants/Scholarships
            a) Are there any program grants available?
            b) Does the Foster Parent Association offer scholarships, and if so, for what purposes?
        2) Special Funds, e.g., Special Care Incentives and Assistance Program (SCIAP). Note the information on SCIAP in Section 1.

3) Community or Volunteer Programs, e.g., Lions Club for eye glasses, or Elks Major Project for physical therapy, occupational therapy, speech therapy.
4) Other Children's Health Programs
    a) Healthy Families
    b) Kaiser Permanente Care for Kids
    c) California Kids

WRITTEN RESOURCES

Numerous documents are available to assist with understanding the Child Welfare System (CSW) and how it is regulated, to define policies and procedures for all involved in the CSW, and to keep up with changes. There are also written plans or agreements defining how agencies will work together. Locate the following:

1. Foster Care Regulations and information
   a. All County Welfare Directors Letters (ACWDL)
   b. Welfare and Institutions Code – Section 300 of the Regulations
   c. Title 22, Division 6, Chapter 7.5 – Foster Family Homes
   d. Division 31 Child Welfare Services Program Manual of Policies and Procedures
   e. References to special populations, e.g., Immigrant status

2. Foster Care Protocols, such as HIV Risk Assessment, Medically Fragile Infant, Teen Pregnancy, etc.

3. Memorandum of Understandings (MOUs) or Interagency Agreements (IAAs) between CHDP and Human Services Department, CHDP and Mental Health and CHDP and Medi-Cal Managed Care.

4. Title 17, Subchapter 13 CHDP

5. Medi-Cal Provider Manual, Denti-Cal Provider Manual.

6. Community Resource Guides for Domestic Violence, Mental Health Services, Advocacy Groups, such as MATRIX, Early Start, Teen Parenting, County Human Services Resources Guide, etc.

FOSTER CARE PROVIDERS

The greatest resources for our children and youth in foster care are the foster parents, group homes, or other facilities who provide the 24 hour care and supervision for these children. A major role of the child welfare worker, foster care PHN, and all of the previously mentioned resources is to support foster parents in this endeavor.

Choice of foster placement is dependent upon a number of factors, such as the child's needs, availability of a relative to care for the child, foster home availability, skill level of care giver to meet child's needs, etc. The following are a few questions to help you start learning about your foster parents, and the foster family agencies (FFAs) or group homes in your area.

1. Individual Homes
    a. Relative care givers or Kin-Care Placements – How can you identify children who are placed with relatives? Is there a local support group for relative care givers? What financial and social service support is available for relative care givers?
    b. Non-relative care givers for foster parents - Are there specialized homes for medically fragile infants/children? Are there therapeutic foster homes, or homes which accept direct placements? What support is available to these foster parents? Is there a Foster Parent Association?

2. Group Homes
    Some group homes specialize in children or youth with a particular need, such as developmental delay or substance abuse, while others may base intake on the age or sex of the children. Some are strictly for foster care placement, while others may accept private placements, or youth from the juvenile probation system. You may have a group home referred to as a "Level 12" or "Level 14". This rating designates the intensity of the services the home provides. Try to meet the director or health care coordinator to learn more about each home.
    a. What is age, gender and type of children or youth in each group home?
    b. What is the usual length of stay?
    c. What counties place children or youth in the home?
    d. Who is the contact person?
    e. Is there a health coordinator?
    f. What role can the PHN play with the home?
    g. What are the needs, e.g., health education, referral sources, Medi-Cal Managed Care problem-solving?
    h. What mechanism will be most effective for communication?

3. Foster Family Agencies
    The County Welfare Department may contract with FFAs to provide care to children in either individual homes or in a group home setting. The FFA monitors the foster parents' compliance with regulations and provides education and

support to these foster parents. The FFAs and group homes must comply with all of the state regulations governing foster homes. Generally, children in the care of FFAs have a case worker assigned by the FFA in addition to the county child welfare worker. Establish a contact person at each of the FFAs. What type support is provided to foster parents by the FFA and what needs can the PHN address?

FOSTER CARE EDUCATION

A very important hat the foster care PHN wears is that of educator. The foster care PHN is involved in meeting the educational needs of a variety of people, i.e., foster parents, FFAs or group homes, social workers, eligibility workers, CHDP providers, judges and other county or community agencies. In some counties, the PHN is mainly a consultant to social workers or foster parents on a one-on-one basis, while in others the PHN may be heavily involved in developing and/or presenting classes or programs. Answers to the questions listed below may help you to get started in assessing some of the educational needs, learning resources and programs already in place, and in defining what your role might be in the foster care education process.

1. Foster Parent Needs/Resources
   a. How are these needs determined, and how are they met?
   b. Is foster care education provided through the local junior college? Meet the program coordinator.
   c. How is new foster parent orientation handled?
   d. Who coordinates the Independent Living Program? Meet the coordinator.
   e. What are the educational needs of group homes, FFAs, specialized foster parent programs, such as the Therapeutic Foster Parents?
   f. What role can the PHN play in meeting needs?
   g. Who are contacts/resources?

2. Social Workers
   a. What trainings are needed by the social workers regarding health care, medical conditions, developmental issues, health protocols, e.g., HIV Risk Assessment, and the CHDP Program? Who needs to be contacted at the Human Services Department to set up training?
   b. What consultations are needed regarding health care resources, accessing Medi-Cal, interpreting medical records, information about specific medical conditions or medications, planning/obtaining services for children being placed out of county, etc.?

3. Eligibility Worker – Who informs the eligibility workers about the CHDP Program?

4. CHDP Providers
   a. Do CHDP providers understand the special needs of children in the Child Welfare System?
   b. What trainings for consultations are needed for Medi-Cal issues with children in foster care placed from another county?

5. What role can the foster care PHN play in educating other agencies and the community at large regarding the needs of children in foster care?

Advocating for the health care needs of children and youth in foster care will take you down many different paths. Some are straight-forward while others are most challenging with many twists, turns, and an occasional dead-end. When you wonder where to turn next…remember, a foster care PHN colleague is just a phone call away!

Section 4 – FORMS

This section provides the links and some examples of the various forms used by the California Departments of Health Services and Social Services by the PHNs for the care of foster children. Please note that some form examples may be outdated and the website should be checked for the most current form.

Health and Education Passport (HEP)

http://www.hwcws.cahwnet.gov/training/nu_curr.asp

JV 220 – Application and Order for Authorization to Administer Psychotropic Medication – Juvenile

(nurses should access these forms via the child's CWS/CMS case)

http://www.courtinfo.ca.gov/forms/fillable/jv220.pdf

JV 220A – Opposition to Application for Order for Authorization to Administer Psychotropic Medication – Juvenile

(nurses should access these forms via the child's CWS/CMS case)

http://www.courtinfo.ca.gov/forms/fillable/jv220a.pdf

JV225 – Health and Education Questionnaire

(nurses should access these forms via the child's CWS/CMS case)

http://www.courtinfo.ca.gov/forms/fillable/jv225.pdf

DHS 4484 – Access ID Problem Form

http://www.dhs.ca.gov/publications/forms/pdf/dhs4484.doc

Data Form - Examples of Children Helped Through CMS (Section 4 of PFG)

A form used by CMS county programs to evaluate program needs, performance, and trends. The form is submitted with the county's annual budget plan.

http://www.dhs.ca.gov/pcfh/cms/pfg.htm

Reporting Form for Performance Measure 5 (Section 3 of PFG)

A form used by the CMS county programs to provide effective care coordinationt of their children. The form is submitted as part of the county's annual budget plan.

http://www.dhs.ca.gov/pcfh/cms/pfg.htm

CHDP Referral (PM 357)

State of California—Health and Human Services Agency — Department of Health Services

CHDP REFERRAL

All Medi-Cal eligible persons under 21 years of age can receive a health and dental check-up.
Client: Fill in unshaded areas only.

PART A: Completed by county Department of Social Services (DSS)/welfare staff for all cases requesting services or additional information

1. Case name (last) (first) (middle)	2. County code	3. Aid code	4. Case number

5. ☐ Requested additional information, but no services

Requested Medical Services (Health Assessment) — **Requested Dental Services**

6. Services	7. Transportation	8. Scheduling	9. Services	10. Transportation	11. Scheduling
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

12. ☐ New application 13. ☐ Redetermination 14. ☐ Self-referral 15. ☐ CALWORKs

16. ☐ Foster care 17. ☐ Medi-Cal only 18. ☐ Share-of-cost

19. Primary language, if other than English _____ 20. Other circumstances _____

	Person Number	Client(s) Name (Last, First, Middle)	Birth Date Month	Day	Year	Age	If health care plan member, give plan name
21.		Parent or caretaker name					
22.		Other parent in home					
23.		Child's name					
24.		Child's name					
25.		Child's name					
26.		Child's name					
27.		Child's name					
28.		Other person in home					

29. Residence address (number, street)	City	State	ZIP code	32. Home phone
		CA		( )
31. Mailing address (if different) (number, street, P.O. Box)	City	State	ZIP code	32. Message phone
				( )

33. Family or child's doctor (optional)	34. Family or child's dentist (optional)

This information is requested to meet federal requirements (Federal Register CFR 42, Part 441) and to inform you of services available. The county is required by law to keep this information confidential except as provided in state or federal law or regulation. Further information is available at your local welfare or CHDP offices.

Comments:

35. DSS worker signature	36. DSS worker number	37. DSS worker telephone	38. Date eligibility determined

Copy 1—County CHDP Copy 2—County CHDP Copy 3—Client Case Report (Welfare Department)
CHDP Referral and Case Management Form

12-1204 34

PM 357 (6/99) Required Form

State of California—Health and Human Services Agency | Department of Health Services

PART B: Completed by EPSDT staff to document assistance with requested health assessment and/or dental services.

Case name (last) (first) (middle)

Contact attempt with responsible person:

Type of Contact	Date	Result	Who Contacted	Date	Result	Who Contacted	FINAL RESULT:
☐ Face-to-face							☐ Contact made
☐ Telephone							☐ No contact made
☐ Mail							

Comments:

Client Name		Type T	Type S	Assistance Given	Date	Provider Name and Telephone	Appt. Date	Appt. Kept Yes	Appt. Kept No	Further Dx/ Rx Needed Yes	Further Dx/ Rx Needed No	Source of Info.	Date PM 160 Received
	M												
	D												
	M												
	D												
	M												
	D												
	M												
	D												

(If more space is needed, attach additional sheets.)

Comments:

EPSDT worker signature | Date

Part C: Completed by CHDP program staff to document follow-up to diagnosis and treatment.

Contact attempt with responsible person:

Type of Contact	Date	Result	Who Contacted	Date	Result	Who Contacted	FINAL RESULT:
☐ Face-to-face							☐ Contact made
☐ Telephone							☐ No contact made
☐ Mail							

Comments:

Client Name	Type of Condition	Response to Offer Trans.	Response to Offer Sched.	Assistance Given	Date	Provider Name and Telephone	Appt. Date	Appt. Kept Yes	Appt. Kept No	Source of Info.

Comments:

CHDP Health Professional Signature | Date

PM 357 (6/99) Required Form

INSTRUCTIONS FOR COMPLETING PART A

ITEM

1–4 Self-explanatory.

5 Check the box if no services are requested but the client wants additional information about the program.

6 Check yes or no as appropriate.

7–8 If item 6 is checked no, skip these items. If item 6 is checked yes, check the boxes in both items 7 and 8 indicating the response to the offer of transportation and scheduling assistance.

9 Check yes or no as appropriate.

10–11 If item 9 is checked no, skip these items. If item 9 is checked yes, check the boxes in both items 10 and 11 indicating the response to the offer of transportation and scheduling assistance.

12–13 When the referral is being made by a CalWORKS, Medi–Cal, or placement worker, check item 12 if the request for services is from a new application or restoration or item 13 if the request is made at the annual redetermination.

14 When services have been requested directly from the local EPSDT Unit or CHDP Program, check item 14.

15–17 Check the one applicable box.

18 Check the box when a Medi–Cal only beneficiary has to pay a share of the costs.

19–20 Complete if applicable. Indicate special communications needs such as deaf, blind, or illiterate—for other circumstances, item 20.

21–28 Fill in the state person number. (Example: 01-father, 02-mother, 11-child, etc.), and the name of the health care plan, if applicable. A person number need not be entered on self-referrals. The unshaded portion must be completed in full by the county welfare department, local EPSDT Unit, or CHDP Program staff for self-referrals, or may be completed by the client.

29–32 Record the caretaker's address and telephone number.

33–34 Optional—not required. Enter the name of the doctor or dentist who currently provides care the eligible children.

Comments: Use this section to record any comments which will help recipients receive requested services, such as the best time for them to be contacted.

35–37 Self-explanatory.

38 "Date eligibility determined"—Enter the date the application is determined eligible, not the date the application was made. For redetermination, the date eligibility determined is the date that the county verifies and certifies that eligibility continues. For "self-referrals" the date of request for services should be entered.

12.1204.35.a

PM 357 (6/99) Required Form

CHDP Referral for SAWS Automated Template

SOME COUNTY
DEPARTMENT OF SOCIAL SERVICES
760 Madison Avenue
P.O. Box 4650
Anywhere, CA 95973

SAWS CHDP REFERRAL

Date:

CASE INFORMATION

CASE LAST NAME FIRST M APP CO AID CODE CASE NUMBER

29 84

RESIDENCE ADDRESS HOME TELEPHONE:
MESSAGE PHONE:

MAILING ADDRESS:

CASE STATUS PRIMARY LANGUAGE

DATE ELIGIBILITY DETERMINED:

☐ NEW APPLICATION ☐ REDETERMINATION ☐ SELF-REFERRAL
☐ CALWORKS ☐ FOSTER CARE ☐ MEDI-CAL ONLY ☐ SHARE OF COST

OTHER CIRCUMSTANCES: _____

PARENT/CARETAKER

PERS LAST NAME FIRST M BIRTH AGE IF HEALTH PLAN MEMBER, GIVE PLAN NAME

PERS CHILD'S LAST NAME FIRST M BIRTH AGE IF HEALTH PLAN MEMBER, GIVE PLAN NAME

OTHER PERSON IN HOME:

REQUESTED MEDICAL SERVICES: SERVICES? Y/N TRANSPORTATION? Y/N SCHEDULING? Y/N

REQUESTED DENTAL SERVICES: SERVICES? Y/N TRANSPORTATION? Y/N SCHEDULING? Y/N

REQUESTED ADDITIONAL INFORMATION BUT NO SERVICES? Y/N

FAMILY DOCTOR:

FAMILY DENTIST:

FORM PM 357 Revision Date: March, 1999

CHDP Referral for Welfare Case Data System Counties

PM 357
DEL 4/87

BD50120--5Z

COUNTY OF ALAMEDA
WELFARE CASE DATA SYSTEM
CHDP REFERRAL FORM

CDS286

CODE 4 SW EW WH6H

CASE NAME LAST FIRST AID-T MS-X CASE NUMBER ELIG. DET. DATE 4-14-00

PAYEE -

PHONE NUMBER-

LANGUAGE-

OAKLAND CA 94603-1602

CASE REFERRED FOR- MEDICAL AND DENTAL WITH SCHEDULING/TRANSPORTATION

ELIGIBLE PERSONS IN CASE REFERRED

PERS NBR	FIRST	LAST	SEX	BIRTHDATE	HC
11	YAS		F	8-13-92	N
12	AD		M	9-28-97	N
13	UNBORN			9-25-00	N

PART B: FOLLOW-UP TO HEALTH ASSESSMENT AND/OR DENTAL SERVICES
CONTACT ATTEMPT WITH RESPONSIBLE PERSON:

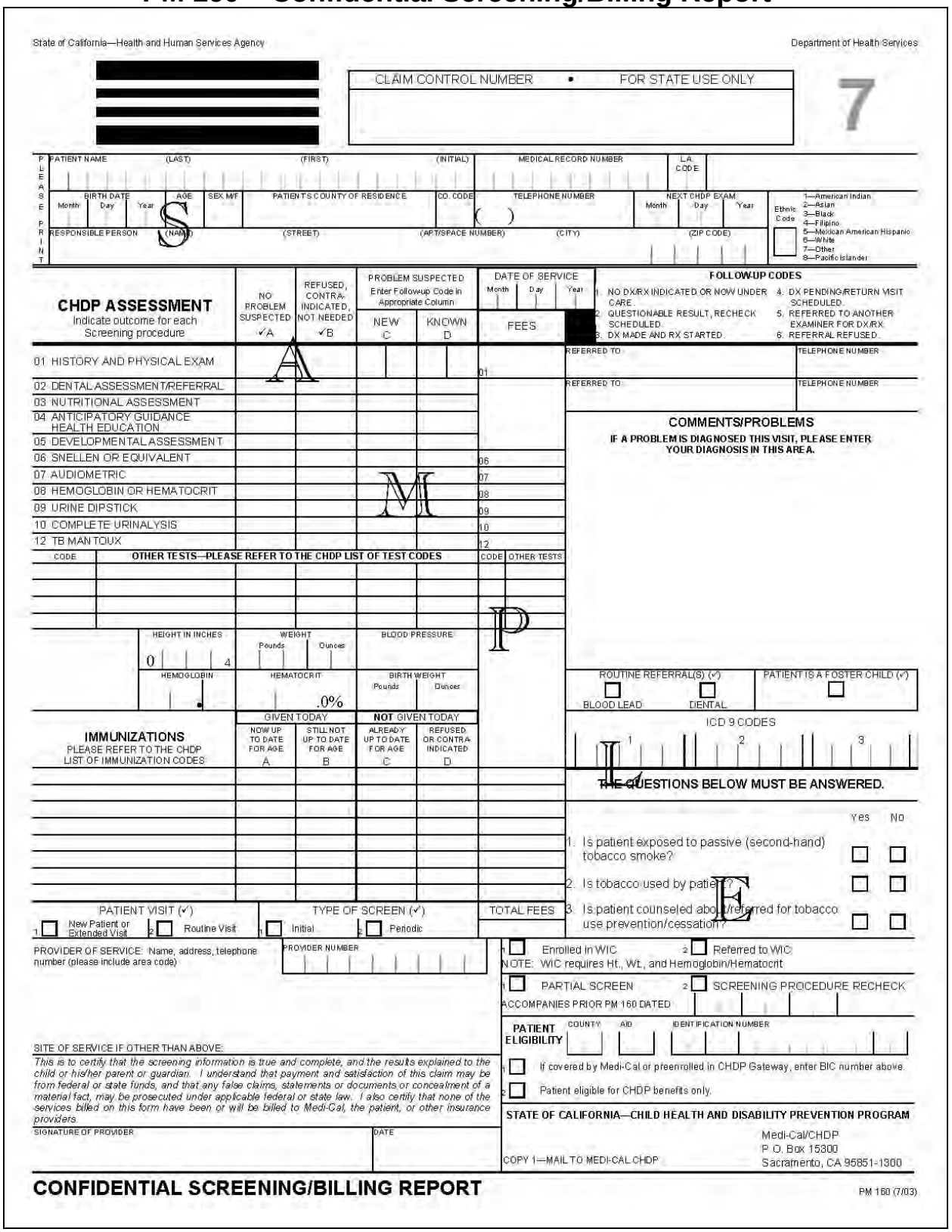
TYPE OF CONTACT	DATE	RESULT	WHO CONTACTED	DATE	RESULT	WHO CONTACTED
☐ FACE - TO - FACE						
☐ TELEPHONE						
☐ MAIL						

COMMENTS:

FINAL RESULT:
☐ CONTACT MADE
☐ NO CONTACT MADE

PART B CONTINUED ON REVERSE SIDE

PM 160 – Confidential Screening/Billing Report



State of California—Health and Human Services Agency

Department of Health Services

[redacted]

CLAIM CONTROL NUMBER • FOR STATE USE ONLY

7

PLEASE PRINT

PATIENT NAME (LAST) (FIRST) (INITIAL) | MEDICAL RECORD NUMBER | I.A. CODE

BIRTH DATE Month Day Year | AGE | SEX M/F | PATIENT'S COUNTY OF RESIDENCE | CO. CODE | TELEPHONE NUMBER ( ) | NEXT CHDP EXAM Month Day Year | Ethnic Code: 1—American Indian, 2—Asian, 3—Black, 4—Filipino, 5—Mexican American Hispanic, 6—White, 7—Other, 8—Pacific Islander

RESPONSIBLE PERSON (NAME) S (STREET) (APT/SPACE NUMBER) (CITY) (ZIP CODE)

CHDP ASSESSMENT

Indicate outcome for each Screening procedure

	NO PROBLEM SUSPECTED ✓A	REFUSED, CONTRA-INDICATED, NOT NEEDED ✓B	PROBLEM SUSPECTED Enter Follow-up Code in Appropriate Column: NEW C	KNOWN D	DATE OF SERVICE Month Day Year / FEES
01 HISTORY AND PHYSICAL EXAM	A				01
02 DENTAL ASSESSMENT/REFERRAL					
03 NUTRITIONAL ASSESSMENT					
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION					
05 DEVELOPMENTAL ASSESSMENT					
06 SNELLEN OR EQUIVALENT					06
07 AUDIOMETRIC			M		07
08 HEMOGLOBIN OR HEMATOCRIT					08
09 URINE DIPSTICK					09
10 COMPLETE URINALYSIS					10
12 TB MANTOUX					12

FOLLOW-UP CODES

1. NO DX/RX INDICATED OR NOW UNDER CARE.
2. QUESTIONABLE RESULT, RECHECK SCHEDULED.
3. DX MADE AND RX STARTED.
4. DX PENDING/RETURN VISIT SCHEDULED.
5. REFERRED TO ANOTHER EXAMINER FOR DX/RX.
6. REFERRAL REFUSED.

REFERRED TO | TELEPHONE NUMBER

REFERRED TO | TELEPHONE NUMBER

COMMENTS/PROBLEMS

IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA.

CODE	OTHER TESTS—PLEASE REFER TO THE CHDP LIST OF TEST CODES	CODE	OTHER TESTS

HEIGHT IN INCHES: 0 4 | WEIGHT Pounds Ounces | BLOOD PRESSURE: P

HEMOGLOBIN . | HEMATOCRIT .0% | BIRTH WEIGHT Pounds Ounces

ROUTINE REFERRAL(S) (✓): ☐ BLOOD LEAD ☐ DENTAL | PATIENT IS A FOSTER CHILD (✓) ☐

ICD 9 CODES: 1 2 3

IMMUNIZATIONS

PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES

	GIVEN TODAY: NOW UP TO DATE FOR AGE A	GIVEN TODAY: STILL NOT UP TO DATE FOR AGE B	NOT GIVEN TODAY: ALREADY UP TO DATE FOR AGE C	NOT GIVEN TODAY: REFUSED OR CONTRA-INDICATED D

THE QUESTIONS BELOW MUST BE ANSWERED.

	YES	NO
1. Is patient exposed to passive (second-hand) tobacco smoke?	☐	☐
2. Is tobacco used by patient?	☐	☐
3. Is patient counseled about/referred for tobacco use prevention/cessation?	☐	☐

PATIENT VISIT (✓): 1 ☐ New Patient or Extended Visit 2 ☐ Routine Visit

TYPE OF SCREEN (✓): 1 ☐ Initial 2 ☐ Periodic

TOTAL FEES

PROVIDER OF SERVICE: Name, address, telephone number (please include area code)

PROVIDER NUMBER

1 ☐ Enrolled in WIC 2 ☐ Referred to WIC

NOTE: WIC requires Ht., Wt., and Hemoglobin/Hematocrit

1 ☐ PARTIAL SCREEN 2 ☐ SCREENING PROCEDURE RECHECK

ACCOMPANIES PRIOR PM 160 DATED

PATIENT ELIGIBILITY COUNTY AID IDENTIFICATION NUMBER

1 ☐ If covered by Medi-Cal or preenrolled in CHDP Gateway, enter BIC number above.

2 ☐ Patient eligible for CHDP benefits only.

SITE OF SERVICE IF OTHER THAN ABOVE:

This is to certify that the screening information is true and complete, and the results explained to the child or his/her parent or guardian. I understand that payment and satisfaction of this claim may be from federal or state funds, and that any false claims, statements or documents or concealment of a material fact, may be prosecuted under applicable federal or state law. I also certify that none of the services billed on this form have been or will be billed to Medi-Cal, the patient, or other insurance providers.

SIGNATURE OF PROVIDER | DATE

STATE OF CALIFORNIA—CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

COPY 1—MAIL TO MEDI-CAL CHDP

Medi-Cal/CHDP
P. O. Box 15300
Sacramento, CA 95851-1300

CONFIDENTIAL SCREENING/BILLING REPORT

PM 160 (7/03)

RELEASE OF INFORMATION NOTICE TO THE RESPONSIBLE PERSON:

The information provided on this form is voluntary and is used by the California Child Health and Disability Prevention (CHDP) program in accordance with Article 7, Subchapter 13, Title 17, of the California Administrative Code to monitor program quality, to reimburse providers of health assessments for their services, and to facilitate diagnosis and treatment at the local level for children found to have health problems. Information provided may be transferred to local health departments for follow-ups. Refusal to supply the information requested will hamper efforts to monitor this program, may delay reimbursement procedures, and may delay diagnosis and treatment of health conditions affecting your child. For access to records containing this information, you may contact the individual listed below. You may also request the location of this information and the categories of persons who use it.

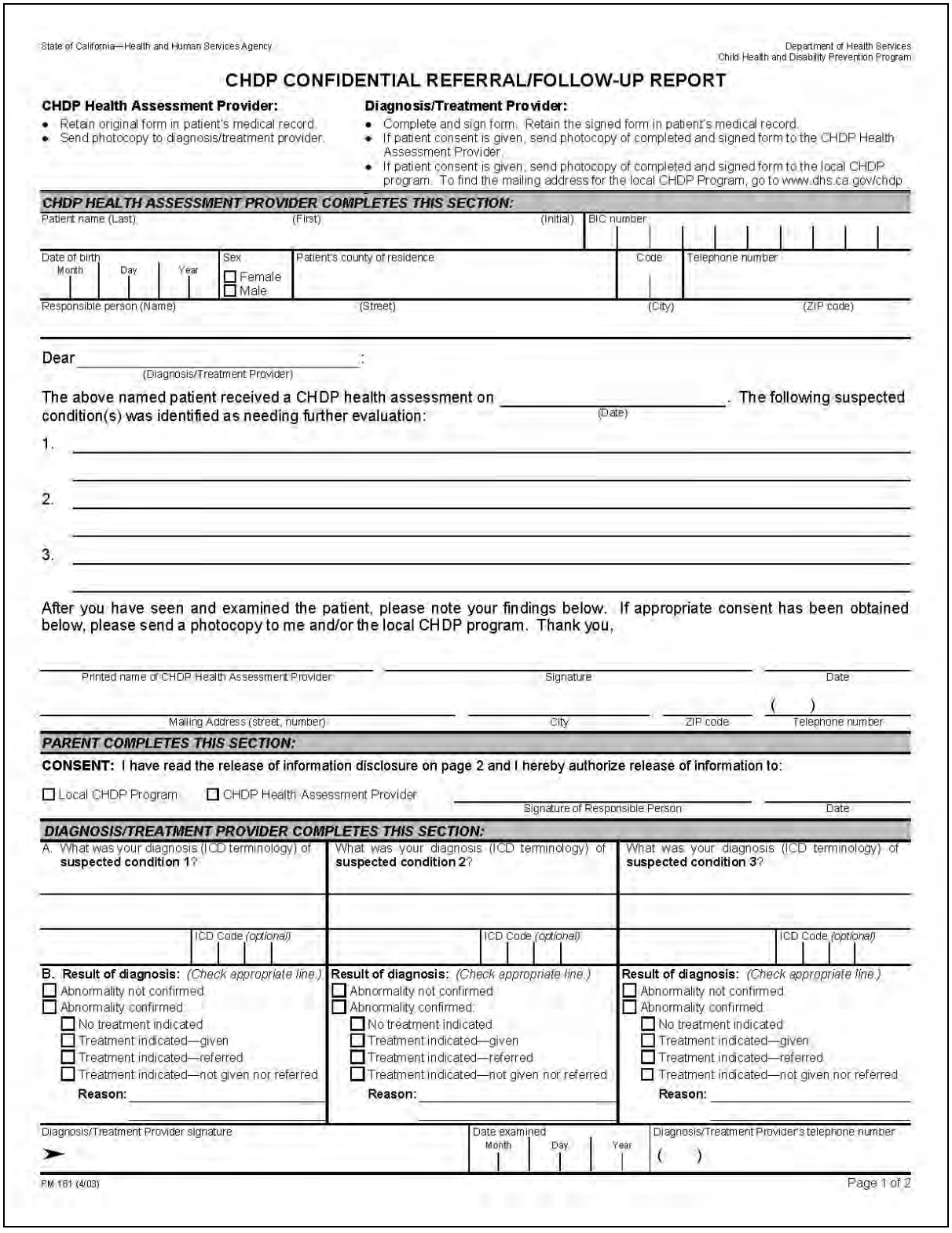
Chief, Children's Medical Services Branch
Primary Care and Family Health Division
Department of Health Services
P.O. Box 942732
Sacramento, CA 94234-7320

(916) 327-1400

PM 160 (7/03)

PM 161 – Confidential Referral/Follow Up Report

Online Version: http://www.dhs.ca.gov/publications/forms/pdf/pm161.pdf



State of California—Health and Human Services Agency

Department of Health Services
Child Health and Disability Prevention Program

CHDP CONFIDENTIAL REFERRAL/FOLLOW-UP REPORT

CHDP Health Assessment Provider:
- Retain original form in patient's medical record.
- Send photocopy to diagnosis/treatment provider.

Diagnosis/Treatment Provider:
- Complete and sign form. Retain the signed form in patient's medical record.
- If patient consent is given, send photocopy of completed and signed form to the CHDP Health Assessment Provider.
- If patient consent is given, send photocopy of completed and signed form to the local CHDP program. To find the mailing address for the local CHDP Program, go to www.dhs.ca.gov/chdp

CHDP HEALTH ASSESSMENT PROVIDER COMPLETES THIS SECTION:

Patient name (Last) (First) (Initial) BIC number

Date of birth Month Day Year | Sex ☐ Female ☐ Male | Patient's county of residence | Code | Telephone number

Responsible person (Name) (Street) (City) (ZIP code)

Dear _____ :
(Diagnosis/Treatment Provider)

The above named patient received a CHDP health assessment on _____. The following suspected condition(s) was identified as needing further evaluation:
(Date)

1. _____

2. _____

3. _____

After you have seen and examined the patient, please note your findings below. If appropriate consent has been obtained below, please send a photocopy to me and/or the local CHDP program. Thank you,

Printed name of CHDP Health Assessment Provider | Signature | Date

Mailing Address (street, number) | City | ZIP code | ( ) Telephone number

PARENT COMPLETES THIS SECTION:

CONSENT: I have read the release of information disclosure on page 2 and I hereby authorize release of information to:

☐ Local CHDP Program ☐ CHDP Health Assessment Provider

Signature of Responsible Person | Date

DIAGNOSIS/TREATMENT PROVIDER COMPLETES THIS SECTION:

A. What was your diagnosis (ICD terminology) of **suspected condition 1**?	What was your diagnosis (ICD terminology) of **suspected condition 2**?	What was your diagnosis (ICD terminology) of **suspected condition 3**?
ICD Code *(optional)*	ICD Code *(optional)*	ICD Code *(optional)*
B. Result of diagnosis: *(Check appropriate line.)*	**Result of diagnosis:** *(Check appropriate line.)*	**Result of diagnosis:** *(Check appropriate line.)*
☐ Abnormality not confirmed	☐ Abnormality not confirmed	☐ Abnormality not confirmed
☐ Abnormality confirmed:	☐ Abnormality confirmed:	☐ Abnormality confirmed:
☐ No treatment indicated	☐ No treatment indicated	☐ No treatment indicated
☐ Treatment indicated—given	☐ Treatment indicated—given	☐ Treatment indicated—given
☐ Treatment indicated—referred	☐ Treatment indicated—referred	☐ Treatment indicated—referred
☐ Treatment indicated—not given nor referred	☐ Treatment indicated—not given nor referred	☐ Treatment indicated—not given nor referred
Reason:	**Reason:**	**Reason:**

Diagnosis/Treatment Provider signature ➤ | Date examined Month Day Year | Diagnosis/Treatment Provider's telephone number ( )

PM 161 (4/03) Page 1 of 2

RELEASE OF INFORMATION DISCLOSURE

To the responsible person:

When your child or you are referred for diagnosis and/or treatment as a result of a CHDP health assessment, this form will be used to assist in the referral. Certain information regarding the reason for referral will be written on this form.

The original will be kept in your child's or your confidential patient file by the CHDP health assessment provider, and a copy will be sent to the health care provider or agency providing diagnostic and/or treatment services.

The results of the diagnostic and/or treatment services will be recorded on the copy. It will be kept by the diagnostic and/or treatment provider in your child's or your confidential patient file. With your permission, copies will be distributed as follows:

- A copy will be sent to your local CHDP program to let them know that your child or you received the recommended services. The director or the deputy director of the local CHDP program at your local health department has the responsibility to maintain this copy as a confidential record.

- A copy will be sent to the CHDP health assessment provider to let this provider know that your child or you received the recommended services. This copy will be kept by the health assessment provider in your child's or your confidential patient file.

PM 160 Sample Forms and Instructions

For PM 160 sample forms and instructions, see also the CHDP Provider Manual at the link below.

http://files.medi-cal.ca.gov/pubsdoco/Pubsframe.asp?hURL=/pubsdoco/CHDP_search.asp

Click on CHPD Provider Manual > scroll down to Confidential Screening Billing Report (PM160) > click on appropriate link

CHDP Forms and Publications

The following link provides a list of the brochures, flyers/forms/manuals and reports available.

http://www.dhs.ca.gov/pcfh/cms/chdp/publications.htm#forms

Section 5 - LEGISLATION, REGULATIONS AND GUIDELINES FOR HCPCFC

Legislation, Regulations, and Guidelines for the HCPCFC

This section provides background information regarding the state regulations and laws and federal laws for the establishment of the HCPCFC program.

a. Enabling legislation of the HCPCFC.

Reference: Welfare and Institutions Code; Section 16501.3.

1. Medi-Cal regulations pertaining to the availability and reimbursement of EPSDT services through the CHDP program.

Reference: California Code of Regulations (CCR), Title 22, Sections 51340 and 51532.

2. Statutes and regulations defining county Social Services Department responsibilities for meeting HCPCFC requirements.

b. Social Services Statutes

Reference: Welfare and Institutions Code Section 16010, 358.1, 361.5, 366.1, 366.22(b) or 366.22(d).

c. Social Services Regulations

Reference: Child Welfare Services Program Standards: MPP Sections 31-002(10), 31-075 (l 1-2), 31-205 (h), 31-206.35, 31-206.351, 31-206.352, 31-206.36, 31-206.361, 31-206.362, 31-335 .1, 31-401.4, 31-401.41, 31-401.412, 31-401.413, 31-405.1(j), 31-405.1(k, l, l1), and 31-420.1(.7).

d. Medi-Cal Regulations

Reference: CCR, Title 22, Sections 50031; 50157(a), (d), (e), and (f) and 50184(b).

Current interpretive releases by California Departments of Health Services and Social Services.

1. State CHDP Program Letters and Information Notices - Health Services. Specifically CHDP Program Letter 99-6 and CMS Information Notice 99-E.

2. All County Letters - Social Services. Specifically, All County Information Notice No I-55-99 and All County Letter No. 99-108.

3. Joint Letters - Health Services and Social Services

4. CHDP Program Health Assessment Guidelines - Health Services

e. New program standards affecting local programs to be reviewed by the California Conference of Local Health Officers.

Reference: Health and Safety Code, Section 100925

f. New regulations shall be adopted only after consultation and approval by the California Conference of Local Health Officers.

Reference: Health and Safety Code, Section 100950.

g. Federal regulations governing States' provision of EPSDT:

Reference: Title 42, Code of Federal Regulations (CFR), Section 440.40 and Part 441, Subpart B.

h. Federal statutes applying to the EPSDT program:

Reference: Social Security Act (42 USC Section 139(a) Sections 1902(a)(43), 1905(a)(4)(B), and 1905(r).

Reference: OBRA89 - Public Law 101-239, Section 6403.

California Department of Social Services – All County Letters

This link provides access to CDSS regarding policy or informational changes in the Program.

http://www.dss.cahwnet.gov/lettersnotices/default.htm

CHDP – Program Letters and Notices

This link provides access to CHDP Program Letters and Information Notices regarding policy or informational changes in the Program.

http://www.dhs.ca.gov/pcfh/cms/onlinearchive/

Selected State Laws Relating to the HCPCFC

The following are selected sections of California laws relating to the HCPCFC. These sections have been extracted from California's Welfare and Institutions Code. For more current and complete information on State laws, please visit the Legislative Counsel of California's website at http://www.leginfo.ca.gov/calaw.html.

This section is not all-inclusive. Not included are other State laws, federal laws, State and federal regulations, or provisions of the CHDP Provider Manual, CHDP Program Guidance Manual, CHDP Program Letters, or CHDP Provider Information Notices.

Welfare and Institutions Code Section 16501

16501.

(a) As used in this chapter, "child welfare services" means public social services which are directed toward the accomplishment of any or all the following purposes: protecting and promoting the welfare of all children, including handicapped, homeless, dependent, or neglected children; preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation, or delinquency of children; preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing breakup of the family where the prevention of child removal is desirable and possible; restoring to their families children who have been removed, by the provision of services to the child and the families; identifying children to be placed in suitable adoptive homes, in cases where restoration to the biological family is not possible or appropriate; and assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption. "Child welfare services" also means services provided on behalf of children alleged to be the victims of child abuse, neglect, or exploitation. The child welfare services provided on behalf of each child represent a continuum of services, including emergency response services, family preservation services, family maintenance services, family reunification services, and permanent placement services. The individual child's case plan is the guiding principle in the provision of these services. The case plan shall be developed within 30 days of the initial removal of the child or of the in-person response required under subdivision (f) of Section 16501 if the child has not been removed from his or her home, or by the date of the jurisdictional hearing pursuant to Section 356, whichever comes first.

(1) Child welfare services may include, but are not limited to, a range of service-funded activities, including case management, counseling, emergency shelter care, emergency in-home

caretakers, temporary in-home caretakers, respite care, therapeutic day services, teaching and demonstrating homemakers, parenting training, substance abuse testing, and transportation. These service-funded activities shall be available to children and their families in all phases of the child welfare program in accordance with the child's case plan and departmental regulations. Funding for services is limited to the amount appropriated in the annual Budget Act and other available county funds.

(2) Service-funded activities to be provided may be determined by each county, based upon individual child and family needs as reflected in the service plan.

(3) As used in this chapter, "emergency shelter care" means emergency shelter provided to children who have been removed pursuant to Section 300 from their parent or parents or their guardian or guardians. The department may establish, by regulation, the time periods for which emergency shelter care shall be funded. For the purposes of this paragraph, "emergency shelter care" may include "transitional shelter care facilities" as defined in paragraph (11) of subdivision

(a) of Section 1502 of the Health and Safety Code.

(b) As used in this chapter, "respite care" means temporary care for periods not to exceed 72 hours. This care may be provided to the child's parents or guardians. This care shall not be limited by regulation to care over 24 hours. These services shall not be provided for the purpose of routine, ongoing child care.

(c) The county shall provide child welfare services as needed pursuant to an approved service plan and in accordance with regulations promulgated, in consultation with the counties, by the department. Counties may contract for service-funded activities as defined in paragraph (1) of subdivision (a). Each county shall use available private child welfare resources prior to developing new county-operated resources when the private child welfare resources are of at least equal quality and lesser or equal cost as compared with county-operated resources. Counties shall not contract for needs assessment, client eligibility determination, or any other activity as specified by regulations of the State Department of Social Services, except as specifically authorized in Section 16100.

(d) Nothing in this chapter shall be construed to affect duties which are delegated to probation officers pursuant to Sections 601and 654.

(e) Any county may utilize volunteer individuals to supplement professional child welfare services by providing ancillary support services in accordance with regulations adopted by the State Department of Social Services.

(f) As used in this chapter, emergency response services consist of a response system providing in-person response, 24 hours a day, seven days a week, to reports of abuse, neglect, or exploitation, as required by Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the Penal Code for the purpose of investigation pursuant to Section 11166 of the Penal Code and to determine the necessity for providing initial intake services and crisis intervention to maintain the child safely in his or her own home or to protect the safety of the child. County welfare departments shall respond to any report of imminent danger to a child immediately and all other reports within 10 calendar days. An in-person response is not required when the county welfare department, based upon an evaluation of risk, determines that an in-person response is not appropriate. This evaluation includes collateral, contacts, a review of previous referrals, and other relevant information, as indicated.

(g) As used in this chapter, family maintenance services are activities designed to provide in-home protective services to prevent or remedy neglect, abuse, or exploitation, for the purposes of preventing separation of children from their families.

(h) As used in this chapter, family reunification services are activities designed to provide time-limited foster care services to prevent or remedy neglect, abuse, or exploitation, when the child cannot safely remain at home, and needs temporary foster care, while services are provided to reunite the family.

(i) As used in this chapter, permanent placement services are activities designed to provide an alternate permanent family structure for children who because of abuse, neglect, or exploitation cannot safely remain at home and who are unlikely to ever return home. These services shall be provided on behalf of children for whom there

has been a judicial determination of a permanent plan for adoption, legal guardianship, or long-term foster care.

(j) As used in this chapter, family preservation services include those services specified in Section 16500.5 to avoid or limit out-of-home placement of children, and may include those services specified in that section to place children in the least restrictive environment possible.

(k)

(1)

(A) In any county electing to implement this subdivision, all county welfare department employees who have frequent and routine contact with children shall, by February 1, 1997, and all welfare department employees who are expected to have frequent and routine contact with children and who are hired on or after January 1, 1996,and all such employees whose duties change after January 1, 1996, to include frequent and routine contact with children, shall, if the employees provide services to children who are alleged victims of abuse, neglect, or exploitation, sign a declaration under penalty of perjury regarding any prior criminal conviction, and shall provide a set of fingerprints to the county welfare director.

(B) The county welfare director shall secure from the Department of Justice a criminal record to determine whether the employee has ever been convicted of a crime other than a minor traffic violation. The Department of Justice shall deliver the criminal record to the county welfare director.

(C) If it is found that the employee has been convicted of a crime, other than a minor traffic violation, the county welfare director shall determine whether there is substantial and convincing evidence to support a reasonable belief that the employee is of good character so as to justify frequent and routine contact with children.

(D) No exemption shall be granted pursuant to subparagraph (C) if the person has been convicted of a sex offense against a minor, or has been convicted of an offense specified in Section 220, 243.4,264.1, 273d, 288, or 289 of the Penal Code, or in paragraph (1) of Section 273a of, or subdivision (a) or (b) of Section 368 of, the Penal Code, or has been convicted of an offense specified in subdivision (c) of Section 667.5 of the Penal Code. The county welfare director shall suspend such a person from any duties involving frequent and routine contact with children.

(E) Notwithstanding subparagraph (D), the county welfare director may grant an exemption if the employee or prospective employee, who was convicted of a crime against an individual specified in paragraph (1) or (7) of subdivision (c) of Section 667.5 of the Penal Code, has been rehabilitated as provided in Section 4852.03 of the Penal Code and has maintained the conduct required in Section 4852.05 of the Penal Code for at least 10 years and has the recommendation of the district attorney representing the employee's or prospective employee's county of residence, or if the employee or prospective employee has received a certificate of rehabilitation pursuant to Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code. In that case, the county welfare director may give the employee or prospective employee an opportunity to explain the conviction and shall consider that explanation in the evaluation of the criminal conviction record. If no criminal record information has been recorded, the county welfare director shall cause a statement of that fact to be included in that person's personnel file. (2) For purposes of this subdivision, a conviction means a plea or verdict of guilty or a conviction following a plea of no lo contendere. Any action which the county welfare director is

permitted to take following the establishment of a conviction may betaken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, notwithstanding a subsequent order pursuant to Sections 1203.4 and1203.4a of the Penal Code permitting the person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment. For purposes of this subdivision, the record of a conviction, or a copy thereof certified by the clerk of the court or by a judge of the court in which the conviction occurred, shall be conclusive evidence of the conviction.

Welfare and Institutions Code Section 16501.3

16501.3.

(a) The Department of Social Services shall establish a program of public health nursing in the child welfare services program. The purpose of the public health nursing program shall be to enhance the physical, mental, dental, and developmental well being of children in the child welfare system.

(b) As a condition of receiving funds under this section, counties shall use the services of a foster care public health nurse. The foster care public health nurse shall work with the appropriate child welfare services workers to coordinate health care services and serve as a liaison with health care professionals and other providers of health-related services. This shall include coordination with county mental health plans and local health jurisdictions, as appropriate.

(c) The duties of a foster care public health nurse may include, but need not be limited to, the following:

(1) Collecting health information and other relevant data on each foster child as available, receiving all collected information to determine appropriate referral and services, and expediting referrals to providers in the community for early intervention services, specialty services, dental care, mental health services, and other health-related services required by the child.

(2) Participating in medical care planning and coordinating for the child. This may include, but is not limited to, assisting caseworkers in arranging for comprehensive health and mental health assessments, interpreting the results of health assessments or evaluations for the purpose of case planning and coordination, facilitating the acquisition of any necessary court authorizations for procedures or medications, advocating for the health care needs of the child and ensuring the creation of linkage among various providers of care.

(3) Providing follow-up contact to assess the child's progress in meeting treatment goals.

(d) The services provided by foster care public health nurses under this section shall be limited to those for which reimbursement may be claimed under Title XIX at an enhanced rate for services delivered by skilled professional medical personnel. Not withstanding any other provision of law, this section shall be implemented only if, and to the extent that, the department determines that federal financial participation, as provided under Title XIX of the federal Social Security Act (42 USC Sec. 1396 et seq.), is available.

Notwithstanding Section 10101 of the Welfare and Institutions Code, there shall be no required county match of the nonfederal cost of this program.

AB 1111 (chaptered 7/22/99) – added sec. 16501.3 to W and I Code

CHAPTER 147
FILED WITH SECRETARY OF STATE JULY 22, 1999
APPROVED BY GOVERNOR JULY 22, 1999
PASSED THE ASSEMBLY JUNE 16, 1999
PASSED THE SENATE JUNE 15, 1999
AMENDED IN SENATE JUNE 15, 1999

INTRODUCED BY Assembly Member Aroner and Senators Chesbro and Speier

FEBRUARY 25, 1999

An act to repeal Sections 14669.16 and 15817.5 of the Government Code, to amend Sections 1596.8713 and 11970 of, and to add and repeal Article 4 (commencing with Section 11970.1) of Chapter 2 of Part 3 of Division 10.5 of, the Health and Safety Code, to amend Sections 1252.3 and 1611.5 of the Unemployment Insurance Code, to amend Sections 9564, 11370, 11450, 11450.16, 11461, 11462, 11463, 11465, 14132.90, 15200.81, 15204.3, 16164, 18358.30, 18930, 18930.5, 18932, 18934, 18938, 18940, 18944, 19091, 19092, 19355.5, 19356.6, 19356.7, and 19806 of, to add Sections 10609.4, 11371, 11372, 11373, 15766, 16501.3, and 18935 to, to repeal Section 12200.018 of, and to repeal and add Sections 11364 and 11369 of, the Welfare and Institutions Code, relating to human services, making an appropriation therefor, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 1111, Aroner. Social services.

Existing law authorizes the Director of General Services to acquire facilities currently leased and occupied by the Health and Welfare Data Center at 3301 S Street and at 1651 Alhambra Boulevard in Sacramento through the use of specified debt instruments that may be issued by the State Public Works Board.

This bill would repeal that authority of the director.

Existing law, the Drug Court Partnership Act of 1998, administered by the State Department of Alcohol and Drug Programs, provides for the award of grants to counties that develop and implement drug court programs that meet eligibility requirements. Existing law provides that the grants shall be to provide funding for 4 years, subject to appropriations in the Budget Act.

This bill would revise that provision to categorize grants awarded using funds appropriated in the Budget Act of 1998 and the Budget Act of 1999. . . . . .

Existing law requires each county to provide child welfare services to children in foster care.

This bill would require the State Department of Social Services to establish a program of public health nursing in the child welfare services program. . . . . .

SEC. 38. Section 16501.3 is added to the Welfare and Institutions Code, to read:

16501.3. (a) The Department of Social Services shall establish a program of public health nursing in the child welfare services program. The purpose of the public health nursing program shall be to enhance the physical, mental, dental, and developmental well-being of children in the child welfare system.

(b) As a condition of receiving funds under this section, counties shall use the services of a foster care public health nurse. The foster care public health nurse shall work with the appropriate child welfare services workers to coordinate health care services and serve as a liaison with health care professionals and other providers of health-related services. This shall include coordination with county mental health plans and local health jurisdictions, as appropriate.

(c) The duties of a foster care public health nurse may include, but need not be limited to, the following:

(1) Collecting health information and other relevant data on each foster child as available, receiving all collected information to determine appropriate referral and services, and expediting referrals to providers in the community for early intervention services, specialty services, dental care, mental health services, and other health-related services required by the child.

(2) Participating in medical care planning and coordinating for the child. This may include, but is not limited to, assisting case workers in arranging for comprehensive health and mental health assessments, interpreting the results of health assessments or evaluations for the purpose of case planning and coordination, facilitating the acquisition of any necessary court authorizations for procedures or medications, advocating for the health care needs of the child and ensuring the creation of linkage among various providers of care.

(3) Providing follow-up contact to assess the child's progress in meeting treatment goals.

(d) The services provided by foster care public health nurses under this section shall be limited to those for which reimbursement

may be claimed under Title XIX at an enhanced rate for services delivered by skilled professional medical personnel. Notwithstanding any other provision of law, this section shall be implemented only if, and to the extent that, the department determines that federal financial participation, as provided under Title XIX of the federal Social Security Act (42 U.S.C. Sec. 1396 et seq.), is available.

(e) Notwithstanding Section 10101 of the Welfare and Institutions Code, there shall be no required county match of the nonfederal cost of this program.

SB 543 (9/28/99) – amended sec. 16010 and added sec. 369.5 to W and I Code

CHAPTER 552
FILED WITH SECRETARY OF STATE SEPTEMBER 28, 1999
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AMENDED IN ASSEMBLY JUNE 22, 1999
AMENDED IN SENATE APRIL 21, 1999
AMENDED IN SENATE APRIL 5, 1999

INTRODUCED BY Senator Bowen

FEBRUARY 19, 1999

An act to amend Section 16010 of, and to add Section 369.5 to, the Welfare and Institutions Code, relating to children.

LEGISLATIVE COUNSEL'S DIGEST

SB 543, Bowen. Children: psychotropic medication: foster care.

Existing law requires that the case plan of a child when he or she is placed in foster care, to the extent available and accessible, include the health and education records of the child, as specified. Existing law requires that at the time a child is placed in foster care the child's health and education records be reviewed and updated and supplied to the foster parent or foster care provider with whom the child is placed.

This bill would revise these provisions by requiring the case plan for each child and specified court reports and assessments to include a health and education summary, as specified, for each child.

The bill would require the child protection agency to provide the caretaker with a current summary, as specified. The bill would also require the child's caretaker to maintain information regarding the minor's health and education, and would require the child protection agency or its designee to inquire of the caretaker whether there is any new information to be added to the child's summary. The bill would also require the court, at the initial hearing, to direct each parent to provide the child protective agency complete health and education information, including specified information regarding the child's parents. To the extent that these requirements would

increase the duties of local public employees, this bill would impose a state-mandated local program.

This bill would also provide that if a child is adjudged a dependent child of the juvenile court and the child is taken from the physical custody of the parent, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child, except that juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. The bill would also authorize a court to permit the administration of psychotropic medication to the child only as specified, and would require the Judicial Council to adopt rules of court and develop appropriate forms for these purposes on or before July 1, 2000. It would also provide, however, that these provisions do not supersede local court rules regarding a minor's right to participate in mental health decisions.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed $1,000,000 statewide and other procedures for claims whose statewide costs exceed $1,000,000.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 369.5 is added to the Welfare and Institutions Code, to read:

369.5. (a) If a child is adjudged a dependent child of the court under Section 300 and the child has been removed from the physical custody of the parent under Section 361, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the child's

diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. On or before July 1, 2000, the Judicial Council shall adopt rules of court and develop appropriate forms for implementation of this section.

(b) Psychotropic medication or psychotropic drugs are those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

(c) Nothing in this section is intended to supersede local court rules regarding a minor's right to participate in mental health decisions.

SEC. 2. Section 16010 of the Welfare and Institutions Code is amended to read:

16010. (a) When a child is placed in foster care, the case plan for each child recommended pursuant to Section 358.1 shall include a summary of the health and education information or records, including mental health information or records, of the child. The summary may be maintained in the form of a health and education passport, or a comparable format designed by the child protective agency. The health and education summary shall include, but not be limited to, the names and addresses of the child's health, dental, and education providers, the child's grade level performance, the child's school record, assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement, a record of the child's immunizations and allergies, the child's known medical problems, the child's current medications, past health problems and hospitalizations, a record of the child's relevant mental health history, the child's known mental health condition and medications, and any other relevant mental health, dental, health, and education information concerning the child determined to be appropriate by the Director of Social Services. If any other provision of law imposes more stringent information requirements, then that section shall prevail.

(b) Additionally, any court report or assessment required pursuant to subdivision (g) of Section 361.5, Section 366.1, subdivision (d) of Section 366.21, or subdivision (b) of Section 366.22 shall include a copy of the current health and education summary described in subdivision (a).

(c) As soon as possible, but not later than 30 days after initial placement of a child into foster care, the child protective agency shall provide the caretaker with the child's current health and education summary as described in subdivision (a). For each subsequent placement, the child protective agency shall provide the

caretaker with a current summary as described in subdivision (a) within 48 hours of the placement.

(d) The child's caretaker shall be responsible for obtaining and maintaining accurate and thorough information from physicians and educators for the child's summary as described in subdivision (a) during the time that the child is in the care of the caretaker. On each required visit, the child protective agency or its designee family foster agency shall inquire of the caretaker whether there is any new information that should be added to the child's summary as described in subdivision (a). The child protective agency shall update the summary with such information as appropriate, but not later than the next court date or within 48 hours of a change in placement. The child protective agency or its designee family foster agency shall take all necessary steps to assist the caretaker in obtaining relevant health and education information for the child's health and education summary as described in subdivision (a).

(e) At the initial hearing, the court shall direct each parent to provide to the child protective agency complete medical, dental, mental health, and educational information, and medical background, of the child and of the child's mother and the child's biological father if known. The Judicial Council shall create a form for the purpose of obtaining health and education information from the child' s parents or guardians at the initial hearing. The court shall determine at the hearing held pursuant to Section 358 whether the medical, dental, mental health, and educational information has been provided to the child protective agency.

SEC. 3. Notwithstanding Section 17610 of the Government Code, if the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code. If the statewide cost of the claim for reimbursement does not exceed one million dollars ($1,000,000), reimbursement shall be made from the State Mandates Claims Fund.

Selected State Regulations

The following are selected sections of California Code of Regulations relating to the Child Health and Disability Program (CHDP) and the HCPCFC. These sections have been extracted from California's Office of Administrative Law. For more current and complete information on State regulations, please visit the Legislative Counsel of California's website at http://www.calregs.com.

This section is not all-inclusive. Not included are other State laws, federal laws, State and federal regulations, or provisions of the CHDP Provider Manual, CHDP Program Guidance Manual, CHDP Program Letters, or CHDP Provider Information Notices.

Title 22 Social Security, Division 3 Health Care Services

Cal. Admin. Code tit. 22, s 50031

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 22. SOCIAL SECURITY
DIVISION 3. HEALTH CARE SERVICES
SUBDIVISION 1. CALIFORNIA MEDICAL ASSISTANCE PROGRAM
CHAPTER 2. DETERMINATION OF MEDI-CAL ELIGIBILITY AND SHARE OF COST
ARTICLE 1. DEFINITIONS, ABBREVIATIONS AND PROGRAM TERMS
This database is current through 10/13/06, Register 2006, No. 41

Section 50031 – Child Health and Disability Prevention Program (CHDP).

Child Health and Disability Prevention Program (CHDP) means the community based program for early identification and referral for treatment of persons under 21 years of age with potentially handicapping conditions.

Note: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053 and 14100.1, Welfare and Institutions Code; Section 320, Health and Safety Code.

HISTORY

1. Editorial correction adding NOTE filed 7-7-83 (Register 83, No. 29).

s 50032. Competent.

Competent means being able to act on one's own behalf in business and personal matters.

s 50033. Contiguous Property.

Contiguous property means adjacent or adjoining property that is not separated by a road, street, right of way or in any other manner from property being considered.

Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code.
Reference: Section 14006, Welfare and Institutions Code.

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
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SUBDIVISION 1. CALIFORNIA MEDICAL ASSISTANCE PROGRAM
CHAPTER 3. HEALTH CARE SERVICES
ARTICLE 2. DEFINITIONS

Section 51184 – Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program Definitions

(a) EPSDT Screening Services means:

(1) An initial, periodic, or additional health assessment of a Medi-Cal eligible individual under 21 years of age provided in accordance with the requirements of the Child Health and Disability Prevention (CHDP) program as set forth in Title 17, Sections 6800 et seq.; or

(2) A health assessment, examination, or evaluation of a Medi-Cal eligible individual under 21 years of age by a licensed health care professional acting within his or her scope of practice, at intervals other than those specified in paragraph (a)(1) to determine the existence of physical or mental illnesses or conditions; or

(3) Any other encounter with a licensed health care professional that results in the determination of the existence of a suspected illness or condition or a change or complication in a condition for a Medi-Cal eligible person under 21 years of age.

(b) EPSDT diagnosis and treatment services means only those services provided to persons under 21 years of age that:

(1) Are identified in section 1396d(r) of title 42 of the United States Code,

(2) Are available under this chapter without regard to the age of the recipient or that are provided to persons under 21 years of age pursuant to any provision of federal Medicaid law other than section 1396d(a)(4)(B) and section 1396a(a)(43) of title 42 of the United States Code, and

(3) Meet the standards and requirements of Sections 51003 and 51303, and any specific requirements applicable to a particular service that are based on the standards and requirements of those sections.

(c) EPSDT supplemental services means health care, diagnostic services, treatment, and other measures, that:

(1) Are identified in Section 1396d(r) of Title 42 of the United States Code.

(2) Are available only to persons under 21 years of age,

(3) Meet any one of the standards of medical necessity as set forth in paragraphs (1), (2), or (3) of Section 51340(e), and

(4) Are not EPSDT diagnosis and treatment services.

(d) EPSDT supplemental services include EPSDT case management services when provided by EPSDT case managers described in paragraph (h)(4).

(e) EPSDT diagnosis and treatment provider means any of the providers listed under Section 51051, other than EPSDT supplemental services providers.

(f) EPSDT Supplemental Services Provider means a person enrolled pursuant to Section 51242 to provide EPSDT supplemental services as defined in subsection (c).

(g) EPSDT case management services means services that will assist EPSDT-eligible individuals in gaining access to needed medical, social, educational, and other services.

(h) EPSDT case manager means:

(1) A targeted case management (TCM) provider under contract with a local governmental agency described in Section 14132.44 of the Welfare and Institutions Code.

(2) Entities and organizations, including Regional Centers, that provide TCM services to persons described in Section 14132.48 of the Welfare and Institutions Code.

(3) A unit within the Department designated by the Director.

(4) A child protection agency, other agency or entity serving children, or an individual provider, that the Department finds qualified by education, training, or experience, and that the Department enrolls pursuant to Section 51242 to provide EPSDT case management services.

(i) For purposes of the EPSDT program, excepting pediatric day health care EPSDT services provided as EPSDT supplemental services, the term "services" is deemed to include supplies, items, or equipment.

(j) EPSDT supplemental services include pediatric day health care EPSDT services when provided by a pediatric day health care facility.

(k) For purposes of pediatric day health care EPSDT services, the following definitions shall apply:

(1) "Pediatric day health care EPSDT services" means services that:

(A) Promote the physical, developmental and psychosocial well-being of individuals eligible for EPSDT services who are medically fragile as defined in Section 1760.2(b) of the Health and Safety Code and who live with their parent, foster parent, or legal guardian.

(B) Provide medically necessary skilled nursing care and therapeutic interventions which include occupational therapy, physical therapy, speech therapy and medical nutrition therapy provided by licensed or registered therapists and furnished in response to the attending physician's orders and in accordance with the individual's plan of treatment. These services do not include respite care pursuant to Section 14132.10(a), of the Welfare and

Institutions Code.

(C) Are provided in a day program of less than 24 hours that is individualized and family-centered, with developmentally appropriate activities of play, learning and social interaction designed to optimize the individual's medical status and developmental functioning so that he or she can remain within the family.

(2) "Pediatric day health care facility" means a facility that is licensed pursuant to Section 1760 of the Health and Safety Code. For purposes of providing pediatric day health care EPSDT services, a pediatric day health care facility may also be referred to as the "facility".

(3) "Pharmaceutical services" means medications, including prescription and nonprescription, and total parental nutrition supplied to eligible beneficiaries by licensed nursing personnel and administered upon orders of the attending physician.

(4) "Nutrition services" means a minimum of one meal per day, between meal nourishment, and consultation services by the facility's dietitian.

Note: Authority cited: Sections 10725, 14124.5 and 14195, Welfare and Institutions Code; and Sections 100275, 125000 and 125100, Health and Safety Code. Reference: Sections 14059, 14132 and 14132.10, Welfare and Institutions Code; Sections 125000 and 125100, Health and Safety Code; and 42 U.S.C. 1396d(r).

HISTORY

1. New section filed 4-4-94 as an emergency; operative 4-4-94 (Register 94, No. 14). A Certificate of Compliance must be transmitted to OAL by 8-2-94 or emergency language will be repealed by operation of law on the following day.

2. New section refiled 8-1-94 as an emergency; operative 8-1-94 (Register 94, No. 31). A Certificate of Compliance must be transmitted to OAL by 11-29-94 or emergency language will be repealed by operation of law on the following day.

3. New section refiled 10-24-94 as an emergency; operative 10-24-94 (Register 94, No. 43). A Certificate of Compliance must be transmitted to OAL by 2-21-95 or emergency language will be repealed by operation of law on the following

day.

4. New section refiled 2-22-95; operative 2-22-95 (Register 95, No. 8). A Certificate of Compliance must be transmitted to OAL by 6-22-95 or emergency language will be repealed by operation of law on the following day.

5. Certificate of Compliance as to 2-22-95 order including amendment of section transmitted to OAL 3-16-95 and filed 4-27-95 (Register 95, No. 17).

6. Amendment of subsection (i), new subsections (j)-(k)(4) and amendment of Note filed 11-10-99 as an emergency; operative 11-10-99 (Register 99, No. 46). A Certificate of Compliance must be transmitted to OAL by 3-9-2000 or emergency language will be repealed by operation of law on the following day.

7. Certificate of Compliance as to 11-10-99 order, including further amendment of subsection (k)(1)(B) and (k)(4), transmitted to OAL 3-8-2000 and filed 4-19-2000 (Register 2000, No. 16).

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 22. SOCIAL SECURITY
DIVISION 3. HEALTH CARE SERVICES
SUBDIVISION 1. CALIFORNIA MEDICAL ASSISTANCE PROGRAM
CHAPTER 2. DETERMINATION OF MEDI-CAL ELIGIBILITY AND SHARE OF COST
ARTICLE 7. ALIENAGE, CITIZENSHIP AND RESIDENCE
This database is current through 10/13/06, Register 2006, No. 41

Section 50333. Foster Children and Institutionalized Persons Placed Out-of-State

(a) A child placed in out-of-state foster care maintains California residence if the child was placed under either of the following:

(1) Through the Interstate Compact on the Placement of Children.

(2) By a state or county agency responsible for the child's care.

(b) A person placed in an out-of-state institution by a state or county agency responsible for the person's care maintains California residence unless the other state accepts responsibility for the person.

Note: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Section 14007, Welfare and Institutions Code.

HISTORY

1. Amendment filed 10-23-81; effective thirtieth day thereafter (Register 81, No. 43).

Section 50334 – Out-of-State Foster Children and Institutionalized Persons Placed in California

(a) An out-of-state child placed in foster care in California is a California resident if both of the following conditions are met:

(1) The child was placed by an out-of-state court directly with a guardian or foster parent in California.

(2) The other state has not adopted the Interstate Compact on the Placement of Children.

(b) An out-of-state person placed in an institution in California by another state agency, or a local government agency in another state, responsible for the person's care remains a resident of the placing state unless a California state or county agency accepts responsibility for the person.

Note: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Section 14007, Welfare and Institutions Code.

HISTORY

1. Amendment filed 10-23-81; effective thirtieth day thereafter (Register 81, No. 43).

Selected Federal Laws

The following are selected sections of the Social Security Administration relating to foster care children. These sections have been extracted from the Social Security Administration. For more current and complete information on Federal laws, please visit the Social Security Administration's website at http://www.ssa.gov.

This section is not all-inclusive. Not included are other State laws, federal laws, State and federal regulations, or provisions of the CHDP Provider Manual, CHDP Program Guidance Manual, CHDP Program Letters, or CHDP Provider Information Notices.

Social Security Act, Title IV

Section 472(h)

http://www.ssa.gov/OP_Home/ssact/title04/0472.htm

SEC. 472. *[42 U.S.C. 672]* (a)[146] IN GENERAL.—

(1) ELIGIBILITY.—Each State with a plan approved under this part shall make foster care maintenance payments on behalf of each child who has been removed from the home of a relative specified in section 406(a) (as in effect on July 16, 1996) into foster care if—

(A) the removal and foster care placement met, and the placement continues to meet, the requirements of paragraph (2); and

(B) the child, while in the home, would have met the AFDC eligibility requirement of paragraph (3).

(2) REMOVAL AND FOSTER CARE PLACEMENT REQUIREMENTS.—The removal and foster care placement of a child meet the requirements of this paragraph if—

(A) the removal and foster care placement are in accordance with—

(i) a voluntary placement agreement entered into by a parent or legal guardian of the child who is the relative referred to in paragraph (1); or

(ii) a judicial determination to the effect that continuation in the home from which removed would be contrary to the welfare of the child and that reasonable efforts of the type described in section 471(a)(15) for a child have been made;

(B) the child's placement and care are the responsibility of—

(i) the State agency administering the State plan approved under section 471; or

(ii) any other public agency with which the State agency administering or supervising the administration of the State plan has made an agreement which is in effect; and

(C) the child has been placed in a foster family home or child-care institution.

(3) AFDC ELIGIBILITY REQUIREMENT.—

(A) IN GENERAL.—A child in the home referred to in paragraph (1) would have met the AFDC eligibility requirement of this paragraph if the child—
(i) would have received aid under the State plan approved under section 402 (as in effect on July 16, 1996) in the home, in or for the month in which the agreement was entered into or court proceedings leading to the determination referred to in paragraph (2)(A)(ii) of this subsection were initiated; or
(ii)(I) would have received the aid in the home, in or for the month referred to in clause (i), if application had been made therefor; or
(II) had been living in the home within 6 months before the month in which the agreement was entered into or the proceedings were initiated, and would have received the aid in or for such month, if, in such month, the child had been living in the home with the relative referred to in paragraph (1) and application for the aid had been made.
(B) RESOURCES DETERMINATION.—For purposes of subparagraph (A), in determining whether a child would have received aid under a State plan approved under section 402 (as in effect on July 16, 1996), a child whose resources (determined pursuant to section 402(a)(7)(B), as so in effect) have a combined value of not more than $10,000 shall be considered a child whose resources have a combined value of not more than $1,000 (or such lower amount as the State may determine for purposes of section 402(a)(7)(B)).
(4) ELIGIBILITY OF CERTAIN ALIEN CHILDREN.—Subject to title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996[147], if the child is an alien disqualified under section 245A(h) or 210(f) of the Immigration and Nationality Act[148] from receiving aid under the State plan approved under section 402 in or for the month in which the agreement described in paragraph (2)(A)(i) was entered into or court proceedings leading to the determination described in paragraph (2)(A)(ii) were initiated, the child shall be considered to satisfy the requirements of paragraph (3), with respect to the month, if the child would have satisfied the requirements but for the disqualification.

(b) Foster care maintenance payments may be made under this part only on behalf of a child described in subsection (a) of this section who is—
(1) in the foster family home of an individual, whether the payments therefor are made to such individual or to a public or[149] private child-placement or child-care agency, or
(2) in a child-care institution, whether the payments therefor are made to such institution or to a public or[150] private child-placement or child-care agency, which payments shall be limited so as to include in such payments only those items which are included in the term “foster care maintenance payments” (as defined in section 475(4)).

(c) For the purposes of this part, (1) the term “foster family home” means a foster family home for children which is licensed by the State in which it is situated or has been approved, by the agency of such State having responsibility for licensing homes of this type, as meeting the standards established for such licensing; and (2) the term “child-care institution” means a private child-care institution, or a public

child-care institution which accommodates no more than twenty-five children, which is licensed by the State in which it is situated or has been approved, by the agency of such State responsible for licensing or approval of institutions of this type, as meeting the standards established for such licensing, but the term shall not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent.

(d) Notwithstanding any other provision of this title, Federal payments may be made under this part with respect to amounts expended by any State as foster care maintenance payments under this section, in the case of children removed from their homes pursuant to voluntary placement agreements as described in subsection (a), only if (at the time such amounts were expended) the State has fulfilled all of the requirements of section 422(b)(10).

(e) No Federal payment may be made under this part with respect to amounts expended by any State as foster care maintenance payments under this section, in the case of any child who was removed from his or her home pursuant to a voluntary placement agreement as described in subsection (a) and has remained in voluntary placement for a period in excess of 180 days, unless there has been a judicial determination by a court of competent jurisdiction (within the first 180 days of such placement) to the effect that such placement is in the best interests of the child.

(f) For the purposes of this part and part B of this title, (1) the term “voluntary placement” means an out-of-home placement of a minor, by or with participation of a State agency, after the parents or guardians of the minor have requested the assistance of the agency and signed a voluntary placement agreement; and (2) the term “voluntary placement agreement” means a written agreement, binding on the parties to the agreement, between the State agency, any other agency acting on its behalf, and the parents or guardians of a minor child which specifies, at a minimum, the legal status of the child and the rights and obligations of the parents or guardians, the child, and the agency while the child is in placement.

(g) In any case where—

> (1) the placement of a minor child in foster care occurred pursuant to a voluntary placement agreement entered into by the parents or guardians of such child as provided in subsection (a), and
>
> (2) such parents or guardians request (in such manner and form as the Secretary may prescribe) that the child be returned to their home or to the home of a relative,

the voluntary placement agreement shall be deemed to be revoked unless the State agency opposes such request and obtains a judicial determination, by a court of competent jurisdiction, that the return of the child to such home would be contrary to the child's best interests.

(h)(1) For purposes of titles XIX, any child with respect to whom foster care maintenance payments are made under this section is deemed to be a dependent child as defined in section 406 (as in effect as of July 16, 1996) and deemed to be a recipient of aid to families with dependent children under part A of this title (as so in effect). For purposes of title XX, any child with respect to whom foster care maintenance payments are made under this section is deemed to be a minor child in

a needy family under a State program funded under part A of this title and is deemed to be a recipient of assistance under such part.

(2) For purposes of paragraph (1), a child whose costs in a foster family home or child care institution are covered by the foster care maintenance payments being made with respect to the child's minor parent, as provided in section 475(4)(B), shall be considered a child with respect to whom foster care maintenance payments are made under this section.

(i)[151] ADMINISTRATIVE COSTS ASSOCIATED WITH OTHERWISE ELIGIBLE CHILDREN NOT IN LICENSED FOSTER CARE SETTINGS.—Expenditures by a State that would be considered administrative expenditures for purposes of section 474(a)(3) if made with respect to a child who was residing in a foster family home or childcare institution shall be so considered with respect to a child not residing in such a home or institution—

(1) in the case of a child who has been removed in accordance with subsection (a) of this section from the home of a relative specified in section 406(a) (as in effect on July 16, 1996), only for expenditures—

(A) with respect to a period of not more than the lesser of 12 months or the average length of time it takes for the State to license or approve a home as a foster home, in which the child is in the home of a relative and an application is pending for licensing or approval of the home as a foster family home; or

(B) with respect to a period of not more than 1 calendar month when a child moves from a facility not eligible for payments under this part into a foster family home or child care institution licensed or approved by the State; and

(2) in the case of any other child who is potentially eligible for benefits under a State plan approved under this part and at imminent risk of removal from the home, only if—

(A) reasonable efforts are being made in accordance with section 471(a)(15) to prevent the need for, or if necessary to pursue, removal of the child from the home; and

(B) the State agency has made, not less often than every 6 months, a determination (or redetermination) as to whether the child remains at imminent risk of removal from the home.

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[145] See Vol. II, P.L. 96-272, §102(e), with respect to the Secretary's report to Congress on the placement of children in foster care pursuant to certain voluntary agreements.

[146] P.L. 109-171, §7404(a)(1), amended subsection (a) in its entirety, effective as if enacted on October 1, 2005. For subsection (a) as it formerly read, see Vol. II, Appendix J, Superseded Provisions, P.L. 109-171.

[147] See Vol. II, P.L. 104-193.

[148] See Vol. II, P.L. 82-414, §§210(f) and 245A9(h).

[149] P.L. 109-113, §2, struck out “nonprofit”, effective November 22, 2005.

[150] P.L. 109-113, §2, struck out “nonprofit”, effective November 22, 2005.

[151] P.L. 109-171, §7403(a), added subsection (i), effective as if enacted on October 1, 2005.

Section 473 (b)

(These two sections relate to medical assistance for children in FC and for adopted children)
http://www.ssa.gov/OP_Home/ssact/title04/0473.htm
SEC. 473. *[42 U.S.C. 673]* (a)(1)(A) Each State having a plan approved under this part shall enter into adoption assistance agreements (as defined in section 475(3)) with the adoptive parents of children with special needs.

(B) Under any adoption assistance agreement entered into by a State with parents who adopt a child with special needs, the State—
(i) shall make payments of nonrecurring adoption expenses incurred by or on behalf of such parents in connection with the adoption of such child, directly through the State agency or through another public or nonprofit private agency, in amounts determined under paragraph (3), and
(ii) in any case where the child meets the requirements of paragraph (2), may make adoption assistance payments to such parents, directly through the State agency or through another public or nonprofit private agency, in amounts so determined.

(2)(A)[152] For purposes of paragraph (1)(B)(ii), a child meets the requirements of this paragraph if the child—
(i)(I)(aa) was removed from the home of a relative specified in section 406(a) (as in effect on July 16, 1996) and placed in foster care in accordance with a voluntary placement agreement with respect to which Federal payments are provided under section 474 (or section 403, as such section was in effect on July 16, 1996), or in accordance with a judicial determination to the effect that continuation in the home would be contrary to the welfare of the child; and
(bb) met the requirements of section 472(a)(3) with respect to the home referred to in item (aa) of this subclause
(II) meets all of the requirements of title XVI with respect to eligibility for supplemental security income benefits; or
(III) is a child whose costs in a foster family home or child-care institution are covered by the foster care maintenance payments being made with respect to the minor parent of the child as provided in section 475(4)(B); and
(ii) has been determined by the State, pursuant to subsection (c) of this section, to be a child with special needs.
(B) Section 472(a)(4) shall apply for purposes of subparagraph (A) of this paragraph, in any case in which the child is an alien described in such section.
(C) A child shall be treated as meeting the requirements of this paragraph for the purpose of paragraph (1)(B)(ii) if the child—
(i) meets the requirements of subparagraph (A)(ii);
(ii) was determined eligible for adoption assistance payments under this part with respect to a prior adoption;
(iii) is available for adoption because—
(I) the prior adoption has been dissolved, and the parental rights of the adoptive parents have been terminated; or

(II) the child's adoptive parents have died; and
(iv) fails to meet the requirements of subparagraph (A) but would meet such requirements if—
(I) the child were treated as if the child were in the same financial and other circumstances the child was in the last time the child was determined eligible for adoption assistance payments under this part; and
(II) the prior adoption were treated as never having occurred.
(B)(i) would have received aid under the State plan approved under section 402 (as in effect on July 16, 1996) in or for the month in which such agreement was entered into or court proceedings leading to the removal of such child from the home were initiated, or
(ii)(I) would have received such aid in or for such month if application had been made therefor, or (II) had been living with a relative specified in section 406(a) (as in effect on July 16, 1996) within six months prior to the month in which such agreement was entered into or such proceedings were initiated, and would have received such aid in or for such month if in such month he had been living with such a relative and application therefor had been made, or
(iii) is a child described in subparagraph (A)(ii) or (A)(iii), and
(C) has been determined by the State, pursuant to subsection (c) of this section, to be a child with special needs.

The last sentence of section 472(a) shall apply, for purposes of subparagraph (B), in any case where the child is an alien described in that sentence. Any child who meets the requirements of subparagraph (C), who was determined eligible for adoption assistance payments under this part with respect to a prior adoption, who is available for adoption because the prior adoption has been dissolved and the parental rights of the adoptive parents have been terminated or because the child's adoptive parents have died, and who fails to meet the requirements of subparagraphs (A) and (B) but would meet such requirements if the child were treated as if the child were in the same financial and other circumstances the child was in the last time the child was determined eligible for adoption assistance payments under this part and the prior adoption were treated as never having occurred, shall be treated as meeting the requirements of this paragraph for purposes of paragraph (1)(B)(ii).

(3) The amount of the payments to be made in any case under clauses (i) and (ii) of paragraph (1)(B) shall be determined through agreement between the adoptive parents and the State or local agency administering the program under this section, which shall take into consideration the circumstances of the adopting parents and the needs of the child being adopted, and may be readjusted periodically, with the concurrence of the adopting parents (which may be specified in the adoption assistance agreement), depending upon changes in such circumstances. However, in no case may the amount of the adoption assistance payment made under clause (ii) of paragraph (1)(B) exceed the foster care maintenance payment which would have been paid during the period if the child with respect to whom the adoption assistance payment is made had been in a foster family home.

(4) Notwithstanding the preceding paragraph, (A) no payment may be made to parents with respect to any child who has attained the age of eighteen (or, where the State determines that the child has a mental or physical handicap which warrants the continuation of assistance, the age of twenty-one), and (B) no payment may be made to parents with respect to any child if the State determines that the parents are no longer legally responsible for the support of the child or if the State determines that the child is no longer receiving any support from such parents. Parents who have been receiving adoption assistance payments under this section shall keep the State or local agency administering the program under this section informed of circumstances which would, pursuant to this subsection, make them ineligible for such assistance payments, or eligible for assistance payments in a different amount.

(5) For purposes of this part, individuals with whom a child (who has been determined by the State, pursuant to subsection (c), to be a child with special needs) is placed for adoption in accordance with applicable State and local law shall be eligible for such payments, during the period of the placement, on the same terms and subject to the same conditions as if such individuals had adopted such child.

(6)(A) For purposes of paragraph (1)(B)(i), the term “nonrecurring adoption expenses” means reasonable and necessary adoption fees, court costs, attorney fees, and other expenses which are directly related to the legal adoption of a child with special needs and which are not incurred in violation of State or Federal law.

(B) A State's payment of nonrecurring adoption expenses under an adoption assistance agreement shall be treated as an expenditure made for the proper and efficient administration of the State plan for purposes of section 474(a)(3)(E).

(b)(1) For purposes of title XIX, any child who is described in paragraph (3) is deemed to be a dependent child as defined in section 406 (as in effect as of July 16, 1996) and deemed to be a recipient of aid to families with dependent children under part A of this title (as so in effect) in the State where such child resides.

(2) For purposes of title XX, any child who is described in paragraph (3) is deemed to be a minor child in a needy family under a State program funded under part A of this title and deemed to be a recipient of assistance under such part.

(3) A child described in this paragraph is any child—

(A)(i) who is a child described in subsection (a)(2), and

(ii) with respect to whom an adoption assistance agreement is in effect under this section (whether or not adoption assistance payments are provided under the agreement or are being made under this section), including any such child who has been placed for adoption in accordance with applicable State and local law (whether or not an interlocutory or other judicial decree of adoption has been issued), or

(B) with respect to whom foster care maintenance payments are being made under section 472.

(4) For purposes of paragraphs (1) and (2), a child whose costs in a foster family home or child-care institution are covered by the foster care maintenance payments being made with respect to the child's minor parent,

as provided in section 475(4)(B), shall be considered a child with respect to whom foster care maintenance payments are being made under section 472.

(c) For purposes of this section, a child shall not be considered a child with special needs unless—

(1) the State has determined that the child cannot or should not be returned to the home of his parents; and

(2) the State had first determined (A) that there exists with respect to the child a specific factor or condition (such as his ethnic background, age, or membership in a minority or sibling group, or the presence of factors such as medical conditions or physical, mental, or emotional handicaps) because of which it is reasonable to conclude that such child cannot be placed with adoptive parents without providing adoption assistance under this section or medical assistance under title XIX, and (B) that, except where it would be against the best interests of the child because of such factors as the existence of significant emotional ties with prospective adoptive parents while in the care of such parents as a foster child, a reasonable, but unsuccessful, effort has been made to place the child with appropriate adoptive parents without providing adoption assistance under this section or medical assistance under title XIX.

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[152] P.L. 109-171, §7404(a)(2), amended paragraph (2) in its entirety, effective as if enacted on October 1, 2005. For paragraph (2) as it formerly read, see Vol. II, Appendix J, Superseded Provisions, P.L. 109-171.

Section 475 (5) (F)

(Describes when a child is considered to have entered foster care)

http://www.ssa.gov/OP_Home/ssact/title04/0475.htm

SEC. 475. *[42 U.S.C. 675]* As used in this part or part B of this title:

(1) The term "case plan" means a written document which includes at least the following:

(A) A description of the type of home or institution in which a child is to be placed, including a discussion of the safety and appropriateness of the placement and how the agency which is responsible for the child plans to carry out the voluntary placement agreement entered into or judicial determination made with respect to the child in accordance with section 472(a)(1).

(B) A plan for assuring that the child receives safe and proper care and that services are provided to the parents, child, and foster parents in order to improve the conditions in the parents' home, facilitate return of the child to his own safe home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan.

(C) To the extent available and accessible, the health and education records of the child, including—

(i) the names and addresses of the child's health and educational providers;

(ii) the child's grade level performance;

(iii) the child's school record;

(iv) assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement;

(v) a record of the child's immunizations;

(vi) the child's known medical problems;

(vii) the child's medications; and

(viii) any other relevant health and education information concerning the child determined to be appropriate by the State agency.

(D) Where appropriate, for a child age 16 or over, a written description of the programs and services which will help such child prepare for the transition from foster care to independent living.

(E) In the case of a child with respect to whom the permanency plan is adoption or placement in another permanent home, documentation of the steps the agency is taking to find an adoptive family or other permanent living arrangement for the child, to place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement, and to finalize the adoption or legal guardianship. At a minimum, such documentation shall include child specific recruitment efforts such as the use of State, regional, and national adoption exchanges including electronic exchange systems.

(2) The term “parents” means biological or adoptive parents or legal guardians, as determined by applicable State law.
(3) The term “adoption assistance agreement” means a written agreement, binding on the parties to the agreement, between the State agency, other relevant agencies, and the prospective adoptive parents of a minor child which at a minimum (A) specifies the nature and amount of any payments, services, and assistance to be provided under such agreement, and (B) stipulates that the agreement shall remain in effect regardless of the State of which the adoptive parents are residents at any given time. The agreement shall contain provisions for the protection (under an interstate compact approved by the Secretary or otherwise) of the interests of the child in cases where the adoptive parents and child move to another State while the agreement is effective.
(4)(A) The term “foster care maintenance payments” means payments to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, and reasonable travel to the child's home for visitation. In the case of institutional care, such term shall include the reasonable costs of administration and operation of such institution as are necessarily required to provide the items described in the preceding sentence.
(B) In cases where—
(i) a child placed in a foster family home or child-care institution is the parent of a son or daughter who is in the same home or institution, and
(ii) payments described in subparagraph (A) are being made under this part with respect to such child,
the foster care maintenance payments made with respect to such child as otherwise determined under subparagraph (A) shall also include such amounts as may be necessary to cover the cost of the items described in that subparagraph with respect to such son or daughter.
(5) The term “case review system” means a procedure for assuring that—
(A) each child has a case plan designed to achieve placement in a safe setting that is the least restrictive (most family like) and most appropriate setting available and in close proximity to the parents' home, consistent with the best interest and special needs of the child, which—
(i) if the child has been placed in a foster family home or child-care institution a substantial distance from the home of the parents of the child, or in a State different from the State in which such home is located, sets forth the reasons why such placement is in the best interests of the child, and
(ii) if the child has been placed in foster care outside the State in which the home of the parents of the child is located, requires that, periodically, but not less frequently than every 12 months, a caseworker on the staff of the State agency of the State in which the home of the parents of the child is located, or of the State in which the child has been placed, visit such child in such home or institution and submit a report on such visit to the State agency of the State in which the home of the parents of the child is located,

(B) the status of each child is reviewed periodically but no less frequently than once every six months by either a court or by administrative review (as defined in paragraph (6)) in order to determine the safety of the child, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress which has been made toward alleviating or mitigating the causes necessitating placement in foster care, and to project a likely date by which the child may be returned to and safely maintained in the home or placed for adoption or legal guardianship,
(C) with respect to each such child, procedural safeguards will be applied, among other things, to assure each child in foster care under the supervision of the State of a permanency hearing to be held, in a family or juvenile court or another court (including a tribal court) of competent jurisdiction, or by an administrative body appointed or approved by the court, no later than 12 months after the date the child is considered to have entered foster care (as determined under subparagraph (F)) (and not less frequently than every 12 months thereafter during the continuation of foster care), which hearing shall determine the permanency plan for the child that includes whether, and if applicable when, the child will be returned to the parent, placed for adoption and the State will file a petition for termination of parental rights, or referred for legal guardianship, or (in cases where the State agency has documented to the State court a compelling reason for determining that it would not be in the best interests of the child to return home, be referred for termination of parental rights, or be placed for adoption, with a fit and willing relative, or with a legal guardian) placed in another planned permanent living arrangement and, in the case of a child described in subparagraph (A)(ii), whether the out-of-State placement continues to be appropriate and in the best interests of the child, and, in the case of a child who has attained age 16, the services needed to assist the child to make the transition from foster care to independent living; and procedural safeguards shall also be applied with respect to parental rights pertaining to the removal of the child from the home of his parents, to a change in the child's placement, and to any determination affecting visitation privileges of parents;
(D) a child's health and education record (as described in paragraph (1)(A)) is reviewed and updated, and supplied to the foster parent or foster care provider with whom the child is placed, at the time of each placement of the child in foster care;
(E) in the case of a child who has been in foster care under the responsibility of the State for 15 of the most recent 22 months, or, if a court of competent jurisdiction has determined a child to be an abandoned infant (as defined under State law) or has made a determination that the parent has committed murder of another child of the parent, committed voluntary manslaughter of another child of the parent, aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter, or committed a felony assault that has resulted in serious bodily injury to the child or to another child of the parent, the State shall file a petition to

terminate the parental rights of the child's parents (or, if such a petition has been filed by another party, seek to be joined as a party to the petition), and, concurrently, to identify, recruit, process, and approve a qualified family for an adoption, unless—
(i) at the option of the State, the child is being cared for by a relative;
(ii) a State agency has documented in the case plan (which shall be available for court review) a compelling reason for determining that filing such a petition would not be in the best interests of the child; or
(iii) the State has not provided to the family of the child, consistent with the time period in the State case plan, such services as the State deems necessary for the safe return of the child to the child's home, if reasonable efforts of the type described in section 471(a)(15)(B)(ii) are required to be made with respect to the child;
(F) a child shall be considered to have entered foster care on the earlier of—
(i) the date of the first judicial finding that the child has been subjected to child abuse or neglect; or
(ii) the date that is 60 days after the date on which the child is removed from the home; and
(G) the foster parents (if any) of a child and any preadoptive parent or relative providing care for the child are provided with notice of, and an opportunity to be heard in, any review or hearing to be held with respect to the child, except that this subparagraph shall not be construed to require that any foster parent, preadoptive parent, or relative providing care for the child be made a party to such a review or hearing solely on the basis of such notice and opportunity to be heard.
(6) The term “administrative review” means a review open to the participation of the parents of the child, conducted by a panel of appropriate persons at least one of whom is not responsible for the case management of, or the delivery of services to, either the child or the parents who are the subject of the review.
(7) The term “legal guardianship” means a judicially created relationship between child and caretaker which is intended to be permanent and self-sustaining as evidenced by the transfer to the caretaker of the following parental rights with respect to the child: protection, education, care and control of the person, custody of the person, and decision making. The term “legal guardian” means the caretaker in such a relationship.

Foster Care Aid Codes

Listed below are the foster care aid codes assigned to Medi-Cal clients with no share of cost.

	Program/Description
4K	Emergency Assistance (EA) Program (FFP) Covers juvenile probation cases placed in foster care.
40	AFDC-FC/Non-Fed (State FC) Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
42	AFDC-FC (FFP) Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
45	Children Supported by Public Funds (FFP) Children whose needs are met in whole or in part by public funds other than AFDC-FC.
46	Children supported by Public Funds/Interstate Compact of Placement of Children (ICPC)(FFP). Covers children who are placed across state lines. ICPC applies if the caretaker (not the adoptive parent) and the child move from the state that made the original placement. Children whose needs are met in whole or in part by public funds other than AFDC-FC.
5K	Emergency Assistance (EA) Program (FFP) Covers child welfare cases placed in EA foster Care.

(source: Provider Manual, Aid Codes Master Chart http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part1/aidcodes_z01c00.doc)

Adoption Assistance Aid Codes

Listed below are the adoption assistance aid codes assigned to full scope Medi-Cal clients with no share of cost.

	Program/Description
03	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.
04	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC) (non-FFP). Covers cash grant children receiving Medi-Cal by virtue of eligibility to state only AAP/AAC benefits.
4A	Adoption Assistance Program (AAP). Program for AAP children for whom there is a state-only AAP agreement between any state other than California and the adoptive parent(s). This is a non cash/Medi-Cal only aid code for children adopted from any state other than California but now reside in California.
06	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance, for whom there is a AAP agreement between any state other than California and the adoptive parent(s). This is a non cash/Medi-Cal only aid code for children adopted from any state other than California but now reside in California.

(source: Provider Manual, Aid Codes Master Chart http://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/Part1/aidcodes_z01c00.doc)

WELFARE AND INSTITUTIONS CODE SECTION 17710

17710. Unless otherwise specified in this part:

(a) "Child with special health care needs" means a child, or a person who is 22 years of age or younger who is completing a publicly funded education program, who has a condition that can rapidly deteriorate resulting in permanent injury or death or who has a medical condition that requires specialized in-home health care, and who either has been adjudged a dependent of the court pursuant to Section 300, has not been adjudged a dependent of the court pursuant to Section 300 but is in the custody of the county welfare department, or has a developmental disability and is receiving services and case management from a regional center.

(b) "County" means the county welfare department.

(c) "Department" means the State Department of Social Services.

(d) "Individualized health care plan team" means those individuals who develop a health care plan for a child with special health care needs in a specialized foster care home, as defined in subdivision (i) or group home, which shall include the child's primary care physician or other health care professional designated by the physician, any involved medical team, and the county social worker or regional center worker, and any health care professional designated to monitor the child's individualized health care plan pursuant to paragraph (8) of subdivision (c) of Section 17731, including, if the child is in a certified home, the registered nurse employed by or under contract with the certifying agency to supervise and monitor the child. The child's individualized health care plan team may also include, but shall not be limited to, a public health nurse, representatives from the California Children's Services Program or the Child Health and Disability Prevention Program, regional centers, the county mental health department and where reunification is the goal, the parent or parents, if available. In addition, where the child is in a specialized foster care home, the individualized health care plan team may include the prospective specialized foster parents, who shall not participate in any team decision pursuant to paragraph (6) of subdivision (c) of Section 17731 or pursuant to paragraph (3) of subdivision (a), or subparagraph (A) of paragraph (2) of subdivision (b) of Section 17732.

(e) "Director" means the Director of Social Services.

(f) "Level of care" means a description of the specialized in-home health care to be provided to a child with special health care needs by the foster family.

(g) Medical conditions requiring specialized in-home health care require dependency upon one or more of the following: enteral feeding tube, total parenteral feeding, a cardiorespiratory monitor, intravenous therapy, a ventilator, oxygen support, urinary catheterization, renal dialysis, ministrations imposed by tracheostomy, colostomy, ileostomy, or other medical or surgical procedures or special medication regimens, including injection, and intravenous medication.

(h) "Specialized in-home health care" includes, but is not limited to, those services identified by the child's primary physician as appropriately administered in the home by any one of the following:

(1) A parent trained by health care professionals where the child is being placed in, or is currently in, a specialized foster care home.

(2) Group home staff trained by health care professionals pursuant to the discharge plan of the facility releasing the child where the child was placed in the home as of November 1, 1993, and who is currently in the home.

(3) A health care professional, where the child is placed in a group home after November 1, 1993. The health care services provided pursuant to this paragraph shall not be reimbursable costs for the purpose of determining the group home rate under Section 11462.

(i) "Specialized foster care home" means any of the following foster homes where the foster parents reside in the home and have been trained to provide specialized in-home health care to foster children:

(1) Licensed foster family homes, as defined in paragraph (5) of subdivision (a) of Section 1502 of the Health and Safety Code.

(2) Licensed small family homes, as defined in paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code.

(3) Certified family homes, as defined in subdivision (d) of Section 1506 of the Health and Safety Code, that have accepted placement of a child with special health care needs who is under the supervision and monitoring of a registered nurse employed by, or on contract with, the certifying agency, and who is either of the following:

(A) A dependent of the court under Section 300.

(B) Developmentally disabled and receiving services and case management from a regional center.

WELFARE AND INSTITUTIONS CODE SECTION 17720

17720. The Health and Welfare Agency shall designate a department to coordinate sources of funding and services not under the jurisdiction of the department which are available to children with special health care needs in order to maximize the health and social services provided to these children and avoid duplication of programs and funding.

WELFARE AND INSTITUTIONS CODE SECTION 17730-17738

17730. The department shall develop a program to establish specialized foster care homes for children with special health care needs with persons specified in subdivision (h) of Section 17710. The department shall limit the use of group homes for children with special health care needs pursuant to subdivisions (d) and (e) of Section 17732. The program shall conform to the requirements set forth in this chapter, and shall be integrated with the foster care and child welfare services programs authorized by Article 5 (commencing with Section 11400) of Chapter 2 of Part 3 and Chapter 5
(commencing with Section 16500) of Part 4.

The department, in administering the licensing program, shall not evaluate or have any responsibility for the evaluation of the in-home health care provided in specialized foster care homes or group homes.

This program shall be conducted by county welfare departments in conformance with procedures established by the department in accordance with this chapter.

17731. (a) The county shall develop a plan to place children with special health care needs in foster care. This plan shall be submitted to the State Department of Social Services and the State Department of Health Services, not later than April 1, 1990, before beginning placement of children with special health care needs in specialized foster care homes. This subdivision shall not invalidate any placement made before April 1, 1990. A county that has not submitted a plan by April 1, 1990, shall not continue to make placements of children with special health care needs until the plan has been submitted.

(b) Unless a local lead agency has been designated within the county, as described in Item 4260-113-890 of the Budget Act of 1989, the county department of social services shall be the lead agency with the responsibility of developing the plan to be submitted pursuant to subdivision (a). The county plan shall be formalized in an interagency agreement between the county department of social services and the other county and private agencies that are the involved parties.

(c) The county plan shall meet all the requirements specified in this subdivision. The regional center shall not be required to submit a plan. However, all requirements specified in this subdivision shall be met prior to a regional center placement of a child who is not a court dependent and who has special health care needs.

(1) Prior to the placement of a child with special health care needs, an individualized health care plan, which may be the hospital discharge plan, shall be prepared for the child and, if necessary, in-home health support services shall be arranged. The individualized health care plan team shall be convened by the county department of social services caseworker or the regional center caseworker, to discuss the specific responsibilities of the person or persons specified in subdivision (h) of Section 17710 for provision of in-home health care in accordance with the individualized health
care plan developed by the child's physician or his or her designee. The plan may also include the identification of any available and funded medical services that are to be provided to the child in the home, including, but not limited to, assistance from registered nurses, licensed vocational nurses, public health nurses, physical therapists, and respite care workers. The individualized health care plan team shall delineate in the individualized health care plan the coordination of health and related services for the child and the appropriate number of hours needed to be provided by any health care
professional designated to monitor the child's individualized health care plan pursuant to paragraph (8), including, if the child is in a certified home, the registered nurse employed by or on contract with the certifying agency to supervise and monitor the child.

(2) A child welfare services case plan or regional center individual program plan shall be developed in accordance with
applicable regulations, and arrangements made for nonmedical support services.

(3) Foster parents shall be trained by health care professionals pursuant to the discharge plan of the facility releasing the child being placed in, or currently in, foster care. Additional training shall be provided as needed during the placement of the child and to the child's biological parent or parents when the child is being reunified with his or her family.

(4) Children with special health care needs shall be placed in the home of the prospective foster parent subsequent to training by a health care professional pursuant to the discharge plan of the facility releasing the child being placed in foster care.

(5) Assistant caregivers, on-call assistants, respite care workers, and other personnel caring for children with special health care needs shall complete training or additional training by a health care professional in accordance with paragraph (3).

(6) No foster parent who is a health care professional or staff member who is a health care professional shall be required to complete any training or additional training determined by the responsible individualized health care plan team to be unnecessary on the basis of his or her professional qualification and expertise.

(7) No health care professional shall provide in-home health care to any child with special health care needs placed in a group home after November 1, 1993, unless the individual health care plan team for the child:

(A) Documents that the health care professional has the necessary qualifications and expertise to meet the child's in-home health care needs.

(B) Updates the documentation provided pursuant to subparagraph (A) each time the child's special health care needs change.

(8) Specialized foster care homes and group homes caring for children with special health care needs shall be monitored by the county or regional center according to applicable regulations. The health care plan for each child with special health care needs shall designate which health care professional shall monitor the child's ongoing health care, including in-home health care provided by persons specified in subdivision (h) of Section 17710. Where the
child is placed in a certified home, the designated health care professional shall be the registered nurse employed by or on contract with the foster family agency to supervise and monitor the child.

(9) The workload of the health care professional supervising or monitoring a child's ongoing health care in a certified home shall be based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional. In no case shall the health care professional's regular workload based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional be more than 40 hours per week.

(10) The child's individualized health care plan shall be reassessed at least every six months during the time the child is
placed in the specialized foster care home, to ensure that specialized care payments are appropriate to meet the child's health care needs.

(11) The placement agencies shall coordinate the sources of funding and services available to children with special health care needs in order to maximize the social services provided to these children and to avoid duplication of programs and funding.

17732. No more than two foster care children shall reside in a specialized foster care home with the following exceptions:

(a) A specialized foster care home may have a third child with or without special health care needs placed in that home provided that the licensed capacity, as determined by the department pursuant to paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code is not exceeded and provided that all of the following conditions have been met:

(1) The child's placement worker has determined and documented that no other placement is available.

(2) For each child in placement and the child to be placed, the child's placement worker has determined that his or her psychological and social needs will be met by placement in the home and has documented that determination. New determinations shall be made and documented each time there is an increase or turnover in foster care children and the two-child capacity limit is exceeded.

(3) The individualized health care plan team responsible for the ongoing care of each child with special health care needs involved has determined that the two-child limit may be exceeded without jeopardizing the health and safety of that child, and has documented that determination. New determinations shall be made and documented each time there is an increase or turnover in foster care children and the two-child capacity limit is exceeded.

(b) A licensed small family home, but not a certified home, may exceed the placement limit specified in subdivision (a) and accept children with or without special health care needs up to the licensed capacity as determined by the department pursuant to paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code if the conditions in subdivision (a) have been met for both the third child and each child placed thereafter, and the following additional conditions have been met:

(1) At least one of the children in the facility is a regional center client monitored in accordance with Section 56001 and
following of Title 17 of the California Code of Regulations.

(2) Whenever four or more foster care children are physically present in the facility, the licensee of the small family home has the assistance of a caregiver to provide specialized in-home health care to the children except that:

(A) Night assistance shall not be required for those hours that the individualized health care plan team for each child with special health care needs has documented that the child will not require specialized medical services during that time.

(B) The department may determine that additional assistance is required to provide appropriate care and supervision for all children in placement. The determination shall only be made after consultation with the appropriate regional center and any appropriate individual health care teams.

(3) On-call assistance is available at all times to respond in case of an emergency. The on-call assistant shall meet the
requirements of paragraph (5) of subdivision (c) of Section 17731.

(4) The home is sufficient in size to accommodate the needs of all children in the home.

(c) Notwithstanding Section 1523 of the Health and Safety Code, a foster family home which has more than three children with special health care needs in its care as of January 1, 1992, and which applies for licensure as a small family home in order to continue to provide care for those children, shall be exempt from the application fee.

(d) Except for children with special health care needs placed in group homes before January 1, 1992, no child with special health care needs may be placed in any group home or combination of group homes for longer than a short-term placement of 120 calendar days. The short-term placement in the group home shall be on an emergency basis
for the purpose of arranging a subsequent placement in a less restrictive setting, such as with the child's natural parents or relatives, with a foster parent or foster family agency, or with another appropriate person or facility. The 120-day limitation shall not be extended, except by the approval of the director or his or her designee. For children placed after January 1, 1992, the 120-day limitation shall begin on the effective date of the amendments to this section made during the 1993 portion of the 1993-94 Regular Session.

(e) A child with special health care needs shall not be placed in a group home unless the child's placement worker has determined and documented that the group home has a program that meets the specific needs of the child being placed and there is a commonalty of needs with the other children in the group home.

17732.1. (a) It is the intent of the Legislature that minor children who are residing in specialized foster care home placements on or after January 1, 1997, be allowed to remain in those homes upon reaching majority, through 22 years of age, in order to ensure continuity of care during completion of publicly funded education.

(b) A child with special health care needs may remain in a licensed foster family home or licensed small family home that is operating as a specialized foster care home pursuant to subdivision (i) of Section 17710 after the age of 18 years, if all of the following requirements are met:

(1) The child was a resident in the home prior to the age of 18.

(2) A determination regarding whether the child may remain as a resident after the age of 18 years is made through the agreement of all parties involved, including the resident, the foster parent, the social worker, the resident's regional center case manager, and the resident's parent, legal guardian, or conservator, as appropriate. This determination shall include a needs and service plan that contains an assessment of the child's needs and of continued compatibility with the other children in placement. The needs and service plan shall be completed within the six months prior to the child's 18th birthday and shall be updated with any significant change and whenever there is a change in household composition. The

assessment shall be documented and maintained in the child's file, and shall be made available for inspection by the licensing staff.

(3) The regional center monitors and supervises its placements, as part of its regular and ongoing services to clients, to ensure the continued health and safety, appropriate placement, and compatibility of the developmentally disabled adult with special health care needs.

(4) The department notifies the foster care applicant, as part of its orientation process, that the state Foster Family Home and Small Family Home Insurance Fund does not expand existing coverage in Article 2.5 (commencing with Section 1527) of Chapter 3 of Division 2 of the Health and Safety Code for liability resulting from the provision of care to individuals over the age of 18 years.

17733. All documentation prepared by the county concerning the identification of a dependent child as a child with special health care needs, the placement of such a child in a specialized foster care home, assessments and reassessments of the level of care designation, the decision to place more than two children with special health care needs in a home, and contact among the health care team plan members who are monitoring the individualized health care plan of the child, shall be made part of the child's case record. Reports of training provided by the health care professional pursuant to the discharge plan of the facility releasing the child being placed in foster care shall also be included in the case record.

17734. Each county shall report to the department on a regular basis on the conduct and effectiveness of the program provided for in this chapter. These reports shall be submitted in conformance with instructions provided by the department. These reports shall include, but not be limited to, all of the following data:

(a) An estimate of the number of children adjudicated dependents of the juvenile court under Section 300 who have special health care needs during the reporting period.

(b) The number of children with special health care needs in (1) hospitals or other institutional placements, (2) group homes, and (3) small family homes at the beginning of the reporting period.

(c) The number of children with special health care needs in specialized foster care homes.

(d) The number of children with special health care needs placed in specialized foster care homes during the reporting period.

(e) The cost of providing specialized placements for children with special health care needs during the reporting period.

17735. Commencing in 1991, a progress report on the program provided for in this chapter shall be included in the child welfare services report to the Legislature required by Section 16512. The department shall not evaluate or have any responsibility for the evaluation of the in-home health care provided in specialized foster care homes.

17736. Notwithstanding any other provision of law, including Sections 1250, 1251, 1254, 1270, 1501, 1502, 1505, 1507, 1521, 1530.6 (as added by Chapter 391 of the Statutes of 1977), 1550, 11002, and 11154 of the Health and Safety Code, and Sections 2052, 2725, 2732, and 2795 of the Business and Professions Code, all of the following
shall apply:

(a) (1) Counties and regional centers shall be permitted to place children with special health care needs in foster family homes, small family homes, and group homes pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code.

(2) Foster family agencies shall be permitted to place children with special health care needs in certified homes pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code.

(b) Counties, regional centers, and foster family agencies shall permit all of the following:

(1) A foster parent, an assistant caregiver, an on-call assistant, and a respite caregiver meeting the requirements of paragraphs (3), (5), and (6) of subdivision (c) of Section 17731 to provide, in a specialized foster care home, specialized in-home health care to a foster child, as described in the child's individualized health care plan.

(2) The licensee and other personnel meeting the requirements of paragraphs (3), (5), and (6) of subdivision (c) of Section 17731 to provide, in a group home, specialized in-home health care to a child, as described in his or her individualized health care plan, provided that the child was placed as of November 1, 1993.

17737. Nothing in this chapter shall be construed to prevent children with special health care needs who have adoption as a case plan goal from receiving services under this program.

17738. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department shall adopt emergency regulations to implement the program provided for in this chapter. The emergency regulations shall remain in effect for no more than 120 days, unless the department complies with all the provisions of Chapter 3.5 (commencing with Section 11340) as required by subdivision (e) of Section 11346.1 of the Government Code.

Special Health Care Needs

The following are selected sections of California laws relating to special health care needs. These sections have been extracted from California's Welfare and Institutions Code.

Welfare and Institutions Codes 17710

17710. Unless otherwise specified in this part:

(b) "Child with special health care needs" means a child, or a person who is 22 years of age or younger who is completing a publicly funded education program, who has a condition that can rapidly deteriorate resulting in permanent injury or death or who has a medical condition that requires specialized in-home health care, and who either has been adjudged a dependent of the court pursuant to Section 300, has not been adjudged a dependent of the court pursuant to Section 300 but is in the custody of the county welfare department, or has a developmental disability and is receiving services and case management from a regional center.

(b) "County" means the county welfare department.

(c) "Department" means the State Department of Social Services.

(d) "Individualized health care plan team" means those individuals who develop a health care plan for a child with special health care needs in a specialized foster care home, as defined in subdivision (i) or group home, which shall include the child's primary care physician or other health care professional designated by the physician, any involved medical team, and the county social worker or regional center worker, and any health care professional designated to monitor the child's individualized health care plan pursuant to paragraph (8) of subdivision (c) of Section 17731, including, if the child is in a certified home, the registered nurse employed by or under contract with the certifying agency to supervise and monitor the child. The child's individualized health care plan team may also include, but shall not be limited to, a public health nurse, representatives from the California Children's Services Program or the Child Health and Disability Prevention Program, regional centers, the county mental health department and where reunification is the goal, the parent or parents, if available. In addition, where the child is in a specialized foster care home, the individualized health care plan team may include the prospective specialized foster parents, who shall not participate in any team decision pursuant to paragraph (6) of subdivision (c) of Section 17731 or pursuant to paragraph (3) of subdivision (a), or subparagraph (A) of paragraph (2) of subdivision (b) of Section 17732.

(e) "Director" means the Director of Social Services.

(f) "Level of care" means a description of the specialized in-home health care to be provided to a child with special health care needs by the foster family.

(g) Medical conditions requiring specialized in-home health care require dependency upon one or more of the following: enteral feeding tube, total parenteral feeding, a cardiorespiratory monitor, intravenous therapy, a ventilator, oxygen support, urinary catheterization, renal dialysis, ministrations imposed by

tracheostomy, colostomy, ileostomy, or other medical or surgical procedures or special medication regimens, including injection, and intravenous medication.

(h) "Specialized in-home health care" includes, but is not limited to, those services identified by the child's primary physician as appropriately administered in the home by any one of the following:

(1) A parent trained by health care professionals where the child is being placed in, or is currently in, a specialized foster care home.

(2) Group home staff trained by health care professionals pursuant to the discharge plan of the facility releasing the child where the child was placed in the home as of November 1, 1993, and who is currently in the home.

(3) A health care professional, where the child is placed in a group home after November 1, 1993. The health care services provided pursuant to this paragraph shall not be reimbursable costs for the purpose of determining the group home rate under Section 11462.

(i) "Specialized foster care home" means any of the following foster homes where the foster parents reside in the home and have been trained to provide specialized in-home health care to foster children:

(1) Licensed foster family homes, as defined in paragraph (5) of subdivision (a) of Section 1502 of the Health and Safety Code.

(2) Licensed small family homes, as defined in paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code.

(3) Certified family homes, as defined in subdivision (d) of Section 1506 of the Health and Safety Code, that have accepted placement of a child with special health care needs who is under the supervision and monitoring of a registered nurse employed by, or on contract with, the certifying agency, and who is either of the following:

(A) A dependent of the court under Section 300.

(B) Developmentally disabled and receiving services and case management from a regional center.

Welfare and Institutions Codes 17720

17720. The Health and Welfare Agency shall designate a department to coordinate sources of funding and services not under the jurisdiction of the department which are available to children with special health care needs in order to maximize the health and social services provided to these children and avoid duplication of programs and funding.

Welfare and Institutions Codes 17730-17738

17730. The department shall develop a program to establish specialized foster care homes for children with special health care needs with persons specified in subdivision (h) of Section 17710. The department shall limit the use of group homes for children with special health care needs pursuant to subdivisions (d) and (e) of Section 17732. The program shall conform to the requirements set forth in this chapter, and shall be integrated with the foster care and child welfare services

programs authorized by Article 5 (commencing with Section 11400) of Chapter 2 of Part 3 and Chapter 5 (commencing with Section 16500) of Part 4.

The department, in administering the licensing program, shall not evaluate or have any responsibility for the evaluation of the in-home health care provided in specialized foster care homes or group homes.

This program shall be conducted by county welfare departments in conformance with procedures established by the department in accordance with this chapter.

17731. (a) The county shall develop a plan to place children with special health care needs in foster care. This plan shall be submitted to the State Department of Social Services and the State Department of Health Services, not later than April 1, 1990, before beginning placement of children with special health care needs in specialized foster care homes. This subdivision shall not invalidate any placement made before April 1, 1990. A county that has not submitted a plan by April 1, 1990, shall not continue to make placements of children with special health care needs until the plan has been submitted.

(b) Unless a local lead agency has been designated within the county, as described in Item 4260-113-890 of the Budget Act of 1989, the county department of social services shall be the lead agency with the responsibility of developing the plan to be submitted pursuant to subdivision (a). The county plan shall be formalized in an interagency agreement between the county department of social services and the other county and private agencies that are the involved parties.

(c) The county plan shall meet all the requirements specified in this subdivision. The regional center shall not be required to submit a plan. However, all requirements specified in this subdivision shall be met prior to a regional center placement of a child who is not a court dependent and who has special health care needs.

(1) Prior to the placement of a child with special health care needs, an individualized health care plan, which may be the hospital discharge plan, shall be prepared for the child and, if necessary, in-home health support services shall be arranged. The individualized health care plan team shall be convened by the county department of social services caseworker or the regional center caseworker, to discuss the specific responsibilities of the person or persons specified in subdivision (h) of Section 17710 for provision of in-home health care in accordance with the individualized health
care plan developed by the child's physician or his or her designee. The plan may also include the identification of any available and funded medical services that are to be provided to the child in the home, including, but not limited to, assistance from registered nurses, licensed vocational nurses, public health nurses, physical therapists, and respite care workers. The individualized health care plan team shall delineate in the individualized health care plan the coordination of health and related services for the child and the appropriate number of hours needed to be provided by any health care
professional designated to monitor the child's individualized health care plan pursuant to paragraph (8), including, if the child is in a certified home, the registered nurse employed by or on contract with the certifying agency to supervise and monitor the child.

(2) A child welfare services case plan or regional center individual program plan shall be developed in accordance with
applicable regulations, and arrangements made for nonmedical support services.

(3) Foster parents shall be trained by health care professionals pursuant to the discharge plan of the facility releasing the child being placed in, or currently in, foster care. Additional training shall be provided as needed during the placement of the child and to the child's biological parent or parents when the child is being reunified with his or her family.

(4) Children with special health care needs shall be placed in the home of the prospective foster parent subsequent to training by a health care professional pursuant to the discharge plan of the facility releasing the child being placed in foster care.

(5) Assistant caregivers, on-call assistants, respite care workers, and other personnel caring for children with special health care needs shall complete training or additional training by a health care professional in accordance with paragraph (3).

(6) No foster parent who is a health care professional or staff member who is a health care professional shall be required to complete any training or additional training determined by the responsible individualized health care plan team to be unnecessary on the basis of his or her professional qualification and expertise.

(7) No health care professional shall provide in-home health care to any child with special health care needs placed in a group home after November 1, 1993, unless the individual health care plan team for the child:

(A) Documents that the health care professional has the necessary qualifications and expertise to meet the child's in-home health care needs.

(B) Updates the documentation provided pursuant to subparagraph (A) each time the child's special health care needs change.

(8) Specialized foster care homes and group homes caring for children with special health care needs shall be monitored by the county or regional center according to applicable regulations. The health care plan for each child with special health care needs shall designate which health care professional shall monitor the child's ongoing health care, including in-home health care provided by persons specified in subdivision (h) of Section 17710. Where the
child is placed in a certified home, the designated health care professional shall be the registered nurse employed by or on contract with the foster family agency to supervise and monitor the child.

(9) The workload of the health care professional supervising or monitoring a child's ongoing health care in a certified home shall be based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional. In no case shall the health care professional's regular workload based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional be more than 40 hours per week.

(10) The child's individualized health care plan shall be reassessed at least every six months during the time the child is
placed in the specialized foster care home, to ensure that specialized care payments are appropriate to meet the child's health care needs.

(11) The placement agencies shall coordinate the sources of funding and services available to children with special health care needs in order to maximize the social services provided to these children and to avoid duplication of programs and funding.

17732. No more than two foster care children shall reside in a specialized foster care home with the following exceptions:

(a) A specialized foster care home may have a third child with or without special health care needs placed in that home provided that the licensed capacity, as determined by the department pursuant to paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code is not exceeded and provided that all of the following conditions have been met:

(1) The child's placement worker has determined and documented that no other placement is available.

(2) For each child in placement and the child to be placed, the child's placement worker has determined that his or her psychological and social needs will be met by placement in the home and has documented that determination. New determinations shall be made and documented each time there is an increase or turnover in foster care children and the two-child capacity limit is exceeded.

(3) The individualized health care plan team responsible for the ongoing care of each child with special health care needs involved has determined that the two-child limit may be exceeded without jeopardizing the health and safety of that child, and has documented that determination. New determinations shall be made and documented each time there is an increase or turnover in foster care children and the two-child capacity limit is exceeded.

(b) A licensed small family home, but not a certified home, may exceed the placement limit specified in subdivision (a) and accept children with or without special health care needs up to the licensed capacity as determined by the department pursuant to paragraph (6) of subdivision (a) of Section 1502 of the Health and Safety Code if the conditions in subdivision (a) have been met for both the third child and each child placed thereafter, and the following additional conditions have been met:

(1) At least one of the children in the facility is a regional center client monitored in accordance with Section 56001 and
following of Title 17 of the California Code of Regulations.

(2) Whenever four or more foster care children are physically present in the facility, the licensee of the small family home has the assistance of a caregiver to provide specialized in-home health care to the children except that:

(A) Night assistance shall not be required for those hours that the individualized health care plan team for each child with special health care needs has documented that the child will not require specialized medical services during that time.

(B) The department may determine that additional assistance is required to provide appropriate care and supervision for all children in placement. The determination shall only be made after consultation with the appropriate regional center and any appropriate individual health care teams.

(3) On-call assistance is available at all times to respond in case of an emergency. The on-call assistant shall meet the

requirements of paragraph (5) of subdivision (c) of Section 17731.

(4) The home is sufficient in size to accommodate the needs of all children in the home.

(c) Notwithstanding Section 1523 of the Health and Safety Code, a foster family home which has more than three children with special health care needs in its care as of January 1, 1992, and which applies for licensure as a small family home in order to continue to provide care for those children, shall be exempt from the application fee.

(d) Except for children with special health care needs placed in group homes before January 1, 1992, no child with special health care needs may be placed in any group home or combination of group homes for longer than a short-term placement of 120 calendar days. The short-term placement in the group home shall be on an emergency basis
for the purpose of arranging a subsequent placement in a less restrictive setting, such as with the child's natural parents or relatives, with a foster parent or foster family agency, or with another appropriate person or facility. The 120-day limitation shall not be extended, except by the approval of the director or his or her designee. For children placed after January 1, 1992, the 120-day limitation shall begin on the effective date of the amendments to this section made during the 1993 portion of the 1993-94 Regular Session.

(e) A child with special health care needs shall not be placed in a group home unless the child's placement worker has determined and documented that the group home has a program that meets the specific needs of the child being placed and there is a commonalty of needs with the other children in the group home.

17732.1. (a) It is the intent of the Legislature that minor children who are residing in specialized foster care home placements on or after January 1, 1997, be allowed to remain in those homes upon reaching majority, through 22 years of age, in order to ensure continuity of care during completion of publicly funded education.

(b) A child with special health care needs may remain in a licensed foster family home or licensed small family home that is operating as a specialized foster care home pursuant to subdivision (i) of Section 17710 after the age of 18 years, if all of the following requirements are met:

(1) The child was a resident in the home prior to the age of 18.

(2) A determination regarding whether the child may remain as a resident after the age of 18 years is made through the agreement of all parties involved, including the resident, the foster parent, the social worker, the resident's regional center case manager, and the resident's parent, legal guardian, or conservator, as appropriate. This determination shall include a needs and service plan that contains an assessment of the child's needs and of continued compatibility with the other children in placement. The needs and service plan shall be completed within the six months prior to the child's 18th birthday and shall be updated with any significant change and whenever there is a change in household composition. The assessment shall be documented and maintained in the child's file, and shall be made available for inspection by the licensing staff.

(3) The regional center monitors and supervises its placements, as part of its regular and ongoing services to clients, to ensure the continued health and safety, appropriate placement, and compatibility of the developmentally disabled adult with special health care needs.

(4) The department notifies the foster care applicant, as part of its orientation process, that the state Foster Family Home and Small Family Home Insurance Fund does not expand existing coverage in Article 2.5 (commencing with Section 1527) of Chapter 3 of Division 2 of the Health and Safety Code for liability resulting from the provision of care to individuals over the age of 18 years.

17733. All documentation prepared by the county concerning the identification of a dependent child as a child with special health care needs, the placement of such a child in a specialized foster care home, assessments and reassessments of the level of care designation, the decision to place more than two children with special health care needs in a home, and contact among the health care team plan members who are monitoring the individualized health care plan of the child, shall be made part of the child's case record. Reports of training provided by the health care professional pursuant to the discharge plan of the facility releasing the child being placed in foster care shall also be included in the case record.

17734. Each county shall report to the department on a regular basis on the conduct and effectiveness of the program provided for in this chapter. These reports shall be submitted in conformance with instructions provided by the department. These reports shall include, but not be limited to, all of the following data:

(a) An estimate of the number of children adjudicated dependents of the juvenile court under Section 300 who have special health care needs during the reporting period.

(b) The number of children with special health care needs in (1) hospitals or other institutional placements, (2) group homes, and (3) small family homes at the beginning of the reporting period.

(c) The number of children with special health care needs in specialized foster care homes.

(d) The number of children with special health care needs placed in specialized foster care homes during the reporting period.

(e) The cost of providing specialized placements for children with special health care needs during the reporting period.

17735. Commencing in 1991, a progress report on the program provided for in this chapter shall be included in the child welfare services report to the Legislature required by Section 16512. The department shall not evaluate or have any responsibility for the evaluation of the in-home health care provided in specialized foster care homes.

17736. Notwithstanding any other provision of law, including Sections 1250, 1251, 1254, 1270, 1501, 1502, 1505, 1507, 1521, 1530.6 (as added by Chapter 391 of the Statutes of 1977), 1550, 11002, and 11154 of the Health and Safety Code, and

Sections 2052, 2725, 2732, and 2795 of the Business and Professions Code, all of the following
shall apply:

(a) (1) Counties and regional centers shall be permitted to place children with special health care needs in foster family homes, small family homes, and group homes pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code.

(2) Foster family agencies shall be permitted to place children with special health care needs in certified homes pursuant to Chapter 3 (commencing with Section 1500) of Division 2 of the Health and Safety Code.

(b) Counties, regional centers, and foster family agencies shall permit all of the following:

(1) A foster parent, an assistant caregiver, an on-call assistant, and a respite caregiver meeting the requirements of paragraphs (3), (5), and (6) of subdivision (c) of Section 17731 to provide, in a specialized foster care home, specialized in-home health care to a foster child, as described in the child's individualized health care plan.

(2) The licensee and other personnel meeting the requirements of paragraphs (3), (5), and (6) of subdivision (c) of Section 17731 to provide, in a group home, specialized in-home health care to a child, as described in his or her individualized health care plan, provided that the child was placed as of November 1, 1993.

17737. Nothing in this chapter shall be construed to prevent children with special health care needs who have adoption as a case plan goal from receiving services under this program.

17738. Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department shall adopt emergency regulations to implement the program provided for in this chapter. The emergency regulations shall remain in effect for no more than 120 days, unless the department complies with all the provisions of Chapter 3.5 (commencing with Section 11340) as required by subdivision (e) of Section 11346.1 of the Government Code.

SECTION 6 – HCPCFC WEB RESOURCES

HCPCFC Program Resources

This link will connect you to the HCPCFC Program Resources homepage with information regarding the budget plan, forms, policy letters and publications.

http://www.dhs.ca.gov/pcfh/cms/hcpcfc/resources.htm

Data and Research Resource Guide

This guide has been prepared to assist local health departments in accessing data for community health assessments and program planning. These websites provide health, demographic, and socioeconomic data relative to children and youth.

Those data tables marked with an asterisk (*) have been included in previous editions of the CMS Plan and Fiscal Guidelines. Local CMS programs should now obtain these data tables on the web.

Child Care

California Child Care Resource and Referral Network

Homepage and Path: www.rrnetwork.org > Enter > Our Research > Select Data

Notes: This link provides information on the California Child Care Portfolio, zip code level maps for childcare supply, and other research and data on working parents and childcare.

Demographics

California Department of Finance *

Homepage and Path: www.dof.ca.gov > Demographic Information > Reports and Research Papers > Select document.

Notes: This link provides information on county-level populations by race/ethnicity, age, and gender, city and county population estimates, school enrollment projections, and immigration estimates.

U.S. Bureau of Census

Homepage and Path: www.census.gov > Subjects A to Z > Select subject

Notes: This link provides information on current and historical demographic data from the U.S. Census; poverty estimates; data on child support and health insurance.

Education

California Department of Education *

Homepage: www.cde.ca.gov

Notes: For data on public school enrollment, student demographics, academic performance measures, school lunch programs, and more, go to http://data1.cde.ca.gov/dataquest. For private school listings and enrollment, go to http://www.cde.ca.gov/ds/si/ps/

California Department of Finance (see Demographics above)

Health

Business Objects Reporting System

Homepage: https://www.bi.ext.dhs.ca.gov/wijsp/ (Note: You will need a user name and password to access this system).

Notes: Refer to CHDP Program Letter No. 03-08 for information on accessing the Business Objects Reporting System.

California Department of Alcohol and Drug Programs

Homepage: www.adp.ca.gov/risk_indicators.shtml

Note: This link provides information on county-level statistics on substance use and treatment, health, crime, and other indicators.

California Health Interview Survey

Homepage and Path: www.chis.ucla.edu > Data and Findings

Notes: This website includes the online query system (AskCHIS) as well as downloadable data files; survey data on health behavior and status, service utilization, and demographics; statewide, regional, and county data.

Center for Health Statistics

Homepage and Path: www.dhs.ca.gov/hisp/chs > click on Vital Statistics Query System or Vital Statistics Data Tables

Notes: This link provides information on creating ad hoc reports or view standard reports for specific birth and death indicators; statewide, county, and zip code level data.

Department of Justice

Homepage and Path: http://caag.state.ca.us/ > Programs and Services > Criminal Justice Statistics Center > Publications or Statistics

Notes: This link provides data tables and reports on domestic violence, crime, and substance use.

Epidemiology and Prevention for Injury Control Branch (CDHS) *

Homepage: www.applications.dhs.ca.gov/epicdata

Notes: This website includes the California Injury Data Online system and provides information on creating ad hoc reports and viewing standard reports; data on fatal and nonfatal injuries, intentional and unintentional injuries; and statewide and county data.

Immunization Branch (CDHS) *

Homepage and Path: www.dhs.ca.gov/ps/dcdc/izgroup > Schools and Child Care Providers > Immunization Coverage > Select Desired Report

Reports: This website includes reports on the Child Care Centers Assessment Survey Results and the Kindergarten Assessment Survey Results

Notes: This link also provides statewide and county-level data on immunization rates for young people.

Improved Perinatal Outcome Data Management

Homepage: http://www.ipodr.org

Notes: This link provides information on perinatal data by county of residence and zip code.

Managed Risk Medical Insurance Board

Homepage and Path: www.mrmib.ca.gov > click on Reports > Select Enrollment Reports for Access for Infants and Mothers (AIM) or Healthy Families (HF)

Notes: This link provides information on enrollment statistics.

Medi-Cal Policy Institute

Homepage: www.chcf.org/topics/medi-cal > Click on County Data

Notes: This link provides information on Medi-Cal expenditures and enrollment trends.

Medical Care Statistics Section *

Homepage and Path: www.dhs.ca.gov/mcss > Publications > California's Medical Assistance Program - Annual Statistical Reports > Select Desired Year > Select Desired Format > Go to Table 17

Report: Persons Certified Eligible by County, Sex, and Age (Table 17)

Homepage and Path: www.dhs.ca.gov/mcss > Publications > Medi-Cal Funded Deliveries - Annual Statistical Reports > Select Desired Format > Go to Desired Tables

Reports: This link provides the following reports: Number of Medi-Cal Funded Deliveries by County of Beneficiary and Age of Mother; Number of Medi-Cal Funded Deliveries by County, Age, and Ethnicity of Mother.

UCLA Center for Health Policy Research

Homepage: www.healthpolicy.ucla.edu

Notes: This link provides research studies on statewide, regional, and county health insurance coverage and medical service utilization.

Social Services

Child Welfare Research Center

Homepage and Path: http://cssr.berkeley.edu/CWSCMSreports > Select Foster Care Dynamics

Notes: These reports include entry and/or exit cohorts as well as other data beyond the first entry cohorts.

Employment Development Department

Homepage and Path: http://www.edd.ca.gov/ > Labor Market Information

Notes: This link provides county level data on income, unemployment, and labor trends.

Research and Development Division

Homepage and Path: www.dss.cahwnet.gov/research > Children's Programs > Data Tables> Select CWS/CMS2

Data System: Child Welfare Services/Case Management System (CWS/CMS)

Notes: This monthly report provides information on children in out-of-home care statewide and for each county. It shows the characteristics of the children, including age, gender, ethnicity, type of placement home, funding source, agency responsible, number of cases that were terminated and reason for termination.

Homepage and Path: www.dss.cahwnet.gov/research > Program Area

Notes: This link provides utilization data on CalWorks, Food Stamps, Community Care Licensing, and other social services programs.

California State Controller's Office

Homepage and Path: www.sco.ca.gov > SCO Services > State & Local Govt > Local Government

Notes: This link provides references for external administrative overhead allocations for indirect expenses.

Federal Office of Management and Budget

Homepage and Path: http://www.whitehouse.gov > OMB > Circulars > State and Local Government > OMB Circular A-87

Notes: This link provides references for internal administrative overhead costs for cost allocation plans (CAP) for indirect expenses.

Health Information

The following links are for major health information websites.

Medline Plus
http://medlineplus.gov/

National Library of Medicine
http://www.nlm.nih.gov/

PubMed
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?DB=pubmed

MedScape
http://www.medscape.com

American Academy of Pediatrics
http://www.aap.org

Centers for Disease Control and Prevention
http://www.cdc.gov

Bright Futures
http://www.brightfutures.org

SECTION 7 - CONTACTS

CHDP Directory

The following link provides the addresses, phone numbers, and websites for the local county health departments and CHDP offices.

http://www.dhs.ca.gov/pcfh/cms/chdp/directory.htm

PHN Directory

The following link provides the names and addresses for the county HCPCFC PHNs.

http://www.dhs.ca.gov/pcfh/cms/hcpcfc/pdf/hcpcfcdirectory.pdf

Program Resource List

CMS State Consultants

Nurse Consultant:	Suzanne Latimer (916) 327-2488
CHDP Consultants:	Mary O'Reilly (415) 904-9680
	Robin Qualls (916) 322-8783
Administrative Consultants:	Consuelo Bautista (415) 904-9686
	Nida Rafol (415) 904-904-9681
	Lynelle Buckner (213) 897-4497
	Tracy Johnson (213) 897-4492
	Ken Leach (916) 323-8011

CDSS Consultant

HCPCFC Program Manager:	West Irvin (916) 651-6572
Administrative Consultant:	Victoria Moreno (916) 651-9975

Dental Resource List

Denti-Cal State Consultants

1) **Dr. David Noel** (916) 464-3793

2) **Dr. Brian Kennedy** (916) 464-1206

3) **Dr. Isman** (916) 464-1206

4) **Dr. Quattlebaum** (966) 464-0374

5) **Gayle Duke**
State Dental Hygienist Consultant for CMS-CHDP-CCS
(858) 613-9446

6) **Gayle Mathe**
California Dental Association
(916) 443-3382 extension 5220 **gaylem@cda.org**

7) **David Pisani** - Patient Advocate
(Recommended by Gayle Mathe of the California Dental Association)
(916) 443-3382 extension 4971

8) **Greg Atherton** – for 3rd party payer problems (Delta Dental) and HIPPA
(916) 443-3382 extension 4994

9) **Robyn Keller** - Consultant
Office of Oral Health, Children's Dental Disease Prevention Program
(916) 5529934 rkeller@dhs.ca.gov

10) **Denti-Cal Fraud Hotline** 1-800-822-6222

Web Resources

www.cms.hhs.gov/medicaid/epsdt/dentalguide.pdf (Federal dental guide)
www.denti-cal.dhs.ca.gov (Denti-Cal bulletins)
www.leginfo.ca.gov (legislative updates)
www.cdha.org (California Dental Hygienist Association)
www.dentalhealthfoundation.org (resources and state dental trainings)

Foster Care Resource/Contact List

Eligibility Issues

Medi-Cal Policy Analyst – Medi-Cal Eligibility Branch: Janeen Newby
Direct number: 916-552-9495
E-mail: jnewby@dhs.ca.gov

To request removal of other health coverage indicator:
refer to All County Welfare Directors (ACWDLs).
Direct number: 1-800-952-5294
If problems arise call Pam McBroom: 916-650-6474 OR Supervisor Gwendolyn Gordon: 916-650-0494

Medi-Cal status of undocumented children:
Contact the local eligibility office initially to inquire about status.

If further assistance is required, contact John Zapata with the name of the contact person at the local office.
Direct number: 916-552-9451
E-mail: jzapata@dhs.ca.gov

Managed Care

Medi-Cal Managed Care Ombudsman: Jennifer Brooks
(Disenrollment for COHS Plans)
Direct number: 916-449-5228
E-mail: jbrooks2@dhs.ca.gov

To request disenrollment from the two-plan and geographic model plans:
Direct phone number: 916-366-4823
Disenrollment Fax: 916-364-0287

Mental Health

Mental Health Ombudsman: Alan Solomon
Direct Number: 916-653-0261
General number for the ombudsman's office: 800-896-4042
E-mail: alan.solomon@dmh.ca.gov

State Mental Health: Cynthia Rutledge
Direct number: 916-651-9484
E-mail: crutledge@dmhhq.state.ca.us

Dental

Chief Dental Program Consultant, State of California: David Noel M.D.
Direct number: 916-464-3793
Fax number: 916-464-3783
E-mail: dnoell@dhs.ca.gov

Vision

Medi-Cal Vision Care Program Consultant: Dr. Cory N. Vu O.D.
Direct number: 916-552-9539
Fax number: 916-440-5640
E-mail: cvu@dhs.ca.gov

Address: California Department of Health Care Services
1501 Capitol Avenue, Suite 71.3041
P.O. Box 997413, MS 4600
Sacramento, CA 95899-7413

Other

Manager of Out of State Placement Unit: Currently Vacant
Number: 916-651-8100
E-mail:

Foster Care Ombudsman: Karen Grace-Kaho
Direct number: 916-653-4296
E-mail: Karen.grace-kaho@dss.ca.gov

General number: 877-846-1602
Website for Ombudsman's office: www.fosteryouthhelp.ca.gov

Children's Advocacy Institute, Executive Assistant: Lillian L. Clark
Direct number: 916-444-3875
Fax number: 916-444-6611
E-mail: lillianc@sandiego.edu
Website: http://www.caichildlaw.org/index.htm

Address: University of San Diego,
Children's Advocacy Institute &
Center for Public Interest Law
717 K Street, Suite 509
Sacramento, CA 95814

SECTION 8 – ABBREVIATIONS AND ACRONYMS

California Department of Health Services Abbreviations and Acronyms

This section provides commonly used abbreviations and acronyms used by the California Department of Health Services and the California Department of Social Services. (When there have been duplications of abbreviations and acronyms, they may only show in one section.)

AAP ..... American Academy of Pediatrics
AB..... Assembly Bill
ACIN..... All County Information Notice
ACL ..... All County Letter
ACWDL .....All County Welfare Directors Letter
AER .....Annual Eligibility Review
AFLP .....Adolescent Family Life Program
BIC.....Benefits Identification Card
BY.....Budget Year
CalWIN ..... CalWorks Information Network
CalWORKS .....California Work Opportunity and Responsibility to Kids
CCR..... California Code of Regulations
CCS .....California Children's Services
CDC.....Centers for Disease Control and Prevention
CDHS.....California Department of Health Services
CDSS..... California Department of Social Services
CFR ..... Code of Federal Regulations
CHDP..... Child Health and Disability Prevention Program
CHEAC ..... County Health Executives Association of California
CIN.....Client Index Number
CLPPP..... Childhood Lead Poisoning Prevention Program
CMS Net.....Children's Medical Services Network
CMS..... Children's Medical Services; Centers for Medicare and Medicaid Services
CMSP .....County Medical Services Program
COHS .....County Organized Health Systems
CSHCN.....Children with Special Health Care Needs
CTO ..... Compensatory/Certified Time Off
CWS ..... Child Welfare Services

CWS/CMS ..... Child Welfare System/Case Management System
CY.....Calendar Year
DHS 4073 ..... CHDP Pre-Enrollment Application
DHS 4505 ..... CHDP Report of Distribution
E 47 .....Enhancement 47
EDC .....Expected Date of Confinement
EDS ..... Electronic Data Systems (CDHS's Fiscal Intermediary)
EPSDT.....Early and Periodic Screening, Diagnosis, and Treatment
EPSDT-SS.....Early and Periodic Screening, Diagnosis, and Treatment-Supplemental Services
EW..... Eligibility Worker
FFP.....Federal Financial Participation
FIG.....Federal Income Guidelines
FTE..... Full Time Equivalent
FY .....Fiscal Year
GHPP..... Genetically Handicapped Persons Program
GMC ..... Geographic Managed Care
HCC.....Hearing Coordination Center
HCFA..... Health Care Financing Administration (now known as CMS)
HCPCFC.....Health Care Program for Children in Foster Care
HEP ..... Health Education Passport
HF..... Healthy Families
HFP..... Healthy Families Program
HIPAA..... Health Insurance Portability and Accountability Act
HRIF ..... High Risk Infant Follow-up Program
HRSA.....Health Resources and Services Administration
IAA..... Interagency Agreement
ICD 10.....International Statistical Classification of Diseases and Related Health Problems, Tenth Revision
ICD 9..... International Classification of Diseases, Ninth Revision
IEP..... Individualized Educational Plan
IFSP.....Individualized Family Services Plan
IHO ..... In-Home Operations
IN .....Information Notice
LEA..... Local Education Agency
M & T.....Maintenance and Transportation
MC 13 ..... Statement of Citizenship, Alienage, and Immigration Status
MC 210 .....Statement of Facts (Medi-Cal Only Mail in Application)

MC 219 ..... Important Information for Persons Requesting Medi-Cal
MC 321 HFP ..... Medi-Cal/Healthy Families Mail-In Application
M/C ..... Medi-Cal
MCAH ..... Maternal, Child, and Adolescent Health
MCMC ..... Medi-Cal Managed Care
MEBIL ..... Medi-Cal Eligibility Branch Information Letter
MEDS ..... Medi-Cal Eligibility Data System
MMCD ..... Medi-Cal Managed Care Division
MOE ..... Maintenance of Effort
MOU ..... Memorandum of Understanding
MPP ..... Manual of Policies and Procedures
MRMIB ..... Managed Risk Medical Insurance Board
MTC ..... Medical Therapy Conference
MTP ..... Medical Therapy Program
MTU ..... Medical Therapy Unit
NHSP ..... Newborn Hearing Screening Program
NICU ..... Neonatal Intensive Care Unit
NL ..... CCS Numbered Letter
Non SPMP ..... Non Skilled Professional Medical Personnel
NPP ..... Notice of Privacy Practices
OPRC ..... Outpatient Rehabilitation Centers
PCFH ..... Primary Care and Family Health Division
PCMS ..... Program Case Management Section
PFG ..... Plan and Fiscal Guidelines
PHD ..... Public Health Department
PHN ..... Public Health Nurse
PICU ..... Pediatric Intensive Care Unit
PIN ..... CHDP Provider Information Notice
PL ..... CHDP Program Letter
PM 160 INFO ONLY ..... Confidential Screening/Billing Report (Information Only)
PM 160 ..... Confidential Screening/Billing Report (Standard)
PM 161 ..... Confidential Referral/Follow Up Report
PM 171 A ..... Report of Health Examination For School Entry
PM 171 B ..... Waiver of Health Examination for School Entry
PM 272 ..... CHDP Annual School Report
PM 357 ..... CHDP Referral Form
PO ..... Probation Officer
POS ..... Point of Service Device

PSA .....Program Service Agreement
PSD ..... Payment Systems Division
PSQA.....Program Standards and Quality Assurance
PSS..... Program Support Section
PSU ..... Provider Services Unit
RC.....Regional Center
ROS.....Regional Operations Section
SAWS 2..... Statement of Facts for Cash Aid, Food Stamps, and Medi-Cal/State Run CMSP
SB.....Senate Bill
SCC ..... Special Care Center
SCHIP..... State Child Health Insurance Program
SCRO .....CCS Southern California Regional Office
SELPA.....Special Education Local Planning Area
SFRO.....CCS San Francisco Regional Office
SOW .....Scope of Work
SPC .....Substitute Care Provider
SPHN..... Supervising Public Health Nurse
SPMP..... Skilled Professional Medical Personnel
SRO..... CCS Sacramento Regional Office
SY..... School Year
TCM.....Targeted Case Management
TEMP 602 B ..... Medical and Dental Exams for Children and Youth and Family Planning Services, Annual Mail-In Redetermination Referral
TEMP CA 600.....Annual Review for Cash Aid and Food Stamps
WIC.....Women, Infants, and Children Supplemental Nutrition Program

California Department of Social Services Abbreviations and Acronyms

AAP .....Adoption Assistance Program
ADD.....Attention Deficit Disorder
ADHD .....Attention Deficit Hyperactivity Disorder
ADS ..... Alcohol and Drug System
AFDC.....Aid to Families with Dependent Children
AFDC-FC..... Aid to Families with Dependent Children – Foster Care
AFDC-FG.....Aid to Families with Dependent Children – Family Group
AIDS .....Acquired ImmunoDeficiency Syndrome
ARD..... Administrative Resource Department

ASD ..... Administrative Support Division
AST ..... Automated System Technician
BCIS ..... Bureau of Citizenship and Immigration Services
BIA ..... Bureau of Indian Affairs
CAC ..... Children's Assessment Center
CACI ..... Child Abuse Central Index
CAD IQ ..... Child Abuse Database Interactive Queries
CAF ..... Case Assessment Forum
CAHL ..... Child Abuse Hot Line
CAL CAP ..... California Confidential Address Program
CAPIT ..... Child Abuse Prevention, Intervention and Treatment
CAS ..... County Adoption Service
CASA ..... Court Appointed Special Advocate
CATS ..... Child and Adolescent Treatment Services
CC ..... County Counsel
CC-1 ..... Correction Counselor One
CDC ..... California Department of Corrections
CDC ..... Child Day Care
CDRT ..... Child Death Review Team
CDS ..... Child Development Services
CII ..... Criminal Identification and Information
CLETS ..... California Law Enforcement Telecommunications System
COLA ..... Cost of Living Adjustment
CORI ..... Criminal Offender Record Information
CP ..... Case Plan
CPA ..... Child Protective Agency
CPR ..... Concurrent Planning Review
CPS ..... Child Protective Services
CWDA ..... County Welfare Director's Association
CWEA ..... Child Welfare Improvement Activities
CWLA ..... Child Welfare League of America
CWS ..... Child Welfare Services
CWS/CMS ..... Child Welfare Services/Case Management System
DA ..... District Attorney
DAAS ..... Department of Aging and Adult Services
DAP ..... Description, Assessment Plan
DARE ..... Daily Assessment Review Evaluation
DBH ..... Department of Behavioral Health

DD.....Deputy Director
DD..... Development Disability
DEC ..... Drug Endangered Child
DOB.....Date of Birth
DOJ .....Department of Justice
DPH .....Department of Public Health
DPSS.....Department of Public Social Services
DSM-IV-R .....Diagnostic and Statistical Manual of Mental Disorders
DV.....Domestic Violence
EA..... Emergency Assistance
EA-CRS.....Emergency Assistance Crisis Resolution Services
ER..... Emergency Response
EW..... Eligibility Worker
EWCA.....Eligibility Worker Case Aide
EVO .....Evaluated Out
EYH .....Enriched Youth Home
F & O's ..... Findings and Orders
F2F .....Family to Family
FBG .....Federal Block Grant
FC.....Foster Care
FCEW ..... Foster Care Eligibility Worker
FFA.....Foster Family Agency
FFACH..... Foster Family Agency Certified Home
FFH..... Foster Family Home
FGDM .....Family Group Decision Making
FH.....Foster Home
FIO.....For Information Only
FM.....Family Maintenance
FP .....Foster Parent
FPC(s) ..... Family Preservation Council
FR..... Family Reunification
FTT .....Failure to Thrive
FYI .....For Your Information
FYS..... Foster Youth Services
GAL .....Guardian Ad Litem
GH ..... Group Home
HEP ..... Health and Education Passport
HIV..... Human Immunodeficiency Virus

HOPE.....Helping Others Parent Effectively
HRS.....Human Resource Services
HSS.....Human Services System
HV.....Home Visit
ICP.....Inter-County Placement
ICPC.....Interstate Compact on the Placement of Children
ICT.....Inter-County Transfer
ICWA.....Indian Child Welfare Act
IEP.....Individual Education Plan
IIN.....Interim Instruction Notice
ILP.....Independent Living Program
ILSP.....Independent Living Skills Program
IM.....Income Maintenance
INS.....Immigration and Naturalization Service
IPC.....Interagency Placement Committee
IR.....Immediate Response
ISP.....Infant Supplemental Payment
ITSD.....Information Technology Services Department
IQSAB.....Improving Quality Systemwide Advisory Board
J/D.....Jurisdiction/Disposition Hearing
JNET.....Juvenile Network (Juvenile Dependency Court Information)
JWIS.....Juvenile Warehouse of Integrated Systems
KG.....KinGap
KIN-GAP.....Kinship Guardian Assistance Program
LE.....Law Enforcement
LTFC.....Long Term Foster Care
MDT(s).....Multidisciplinary Team(s)
MEPA.....Multi-ethnic Placement Act
MGM.....Maternal Grandmother
NCIC.....National Crime Information Center
NOA.....Notice of Action
NREFM.....Non-Related Extended Family Member
N/S.....No Show
O & I.....Orientation and Induction
OA.....Office Assistant
OHC.....Out of Home Care
OOHA.....Out of Home Abuse
OOHI.....Out of Home Abuse Investigation

OES ....Office of Emergency Services Medical report of Suspected Child Physical Abuse and Neglect Examination
PC.....Penal Code or Protective Custody as in “Protective Custody Hold”
PCWTA.....Public Child Welfare Training Academy
PD..... Police Department
PDD ..... Program Development Division
PERC..... Performance, Education and Resource Center
PET.....Parent Effectiveness Training
PGM..... Paternal Grandmother
PHN .....Public Health Nurse
PID.....Program Integrity Division
PMCD .....Psychotropic Medication Court Desk
POB..... Place of Birth
PP .....Permanency Planning
PPH ..... Permanency Planning Hearing
PPLA ..... Planned Permanent Living Arrangement
PRIDE..... Parent Resources for Information and Education
PPR .....Permanency Planning Review
PRC .....Placement Review Committee
PRUCOL.....Permanent Residence Under the Cover of the Law
PSC .....Pretrial Settlement Conference
PSSF .....Promoting Safe and Stable Families
PTSD .....Post Traumatic Stress Disorder
RAJ..... Run Away Juvenile
RAU..... Relative Approval Unit
RFPC.....Regional Family Preservation Council
SANS..... Subsequent Arrest Notification Service
SAR .....Semi-annual Review
SARB..... School Attendance Review Board
SAWS..... Statewide Automated Welfare System
SC.....Shelter Care
SCP .....Substitute Care Provider
SED .....Seriously Emotional Disturbed
SHCM .....Special Health Care Needs
SIDS .....Sudden Infant Death Syndrome
SIJS.....Special Immigrant Juvenile Status
SIS.....Special Immigrant Status

SSA .....Social Service Aide
SSI ..... Social Security Income
SO..... Sheriff's Office
SOG..... Services Only Guardianship
SSP..... State Supplemental Payment
SW..... Social Worker
TANF .....Temporary Aid to Needy Families
TC.....Telephone Call
TDM..... Team Decision Making
THP..... Transitional Housing Program
THPP ..... Transitional Housing Placement Program
TILP.....Transitional Independent Living Plan
TPR..... Termination of Parental Rights
TRO ..... Temporary Restraining Order
U/S..... Undersigned
USC .....United States Code
USIS .....United States Immigration Service
VFM .....Voluntary Family Maintenance
VFR..... Voluntary Family Reunification
VW..... Victim Witness
W&I.....Welfare and Institutions Code
WNL.....Within Normal Limits
WPE..... Work Performance Evaluation
WSIS.....Whiplash Shaken Infant Syndrome
YJC..... Youth Justice Center

Definitions (Related to Social Services)

Bates Bill Child..... Child with Specialized Medical Needs
Deprivation .....Determination of Deprivation Worksheet DPSS/FC 2.5
Medi-Cal.....California's State Medicaid Program
Miller vs. Youakim..... Court order whereby eligibility is determined for foster care
PPR ..... Permanency Planning Review to determine long term permanent plan for children unable to return home
SAWS..... Application for case aid, food stamps and/or medical assistance/SAWS 1
Ten Day.....Report of abuse assessed to require investigation with ten (10) days
TT ..... Reports of abuse determined to require a prioritized investigation <u>sooner</u> than ten (10) days or within three (3) days

.21e ..... Six (6) month court review for reunification cases
.21f ..... Twelve (12) month court review for reunification cases
0.22 ..... Eighteen (18) month court review for reunification cases
0.26 ..... Hearing to implement the recommended Permanent Plan of Adoption, Guardianship or Long Term Foster Care
342 ..... Petition to report <u>new facts</u> to the court
387 ..... Supplemental petition: Previous disposition has not been effective in the Rehabilitation or protection of the child. Child needs higher level of care.
388 ..... Petition (usually initiated by parent) stating the circumstances have changed or there is new evidence asking court to modify the order because of best interest of the child
SAR ..... Semi-annual review (6 month hearing for children placed in their own home)